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# DEATH BEFORE BIRTH

Negotiating Reproduction, Female Infanticide and Sex  
Selective Abortion in Tamil Nadu, South India

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PhD

The University of Edinburgh

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# Declaration

I hereby declare that this thesis titled 'Death before Birth: Negotiating Reproduction, Female Infanticide and Sex Selective Abortion in Tamil Nadu, South India' is my own work and has not been previously submitted to this or any other institution for any other degree or professional qualification.

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Mohammad Shahid Perwez

March 2009, at Edinburgh

# Abstract

This thesis deals with the cultural and political underpinnings of female infanticide and sex selective abortion in contemporary South India. Based on a fifteen months' ethnographic fieldwork in western parts of Salem district in Tamil Nadu, I explore the ideas and practices around deaths of (un)born children – particularly in the context of issues of gender-selective child survival, use and control over new reproductive technologies for sex selection, fertility and reproduction. Elucidating further the ethnographic contexts of state and non-state (primarily NGO) interventions in these deaths, the thesis examines the new forms of governance on issues that affect contemporary Tamil women. I discuss three different discourses by the government, by NGOs, and by the communities on the meaning and context of these deaths including the ways in which these meanings and ideas are re-conceptualised and re-configured into a changing social and cultural context of birth. My thesis, therefore, contributes to the anthropology of reproduction.

The underlying questions of the thesis are: Why has female infanticide, which was claimed to be effectively controlled in nineteenth century colonial India, appeared in post-colonial (South) India – in the form of both sex selective abortion and female infanticide – in communities and regions where it was previously claimed to be unknown? What effects could these social practices have on contemporary women's positions and their developments and vice-versa? In answering these questions, the thesis makes a significant departure from previous anthropological studies on female infanticide in India in that it does not solely look into one single unit (village/s in this case), but uses a multi-sited approach, covering a wider geographical area, i.e., parts of Salem, Dharmapuri, and Erode districts of Tamil Nadu. The thesis also shifts from the purely demographic approach to female infanticide in that it does not generate a new data set on female infanticide. Rather, it engages with the institutional responses and their rhetoric on female infanticide and sex selective abortion.



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## Note on Currency Exchange

At the time of conducting the fieldwork (July 2004 – September 2005) one Great Britain Pound fluctuated between Indian Rupees 85 and 87.

## **List of Abbreviations**

<b>AID</b>	<b>:</b>	<b>Alternative for India Development</b>
<b>AIADMK</b>	<b>:</b>	<b>All India Anna Dravida Munnetra Kazhagam (All India Anna Dravidian Progressive Federation)</b>
<b>AIIMS</b>	<b>:</b>	<b>All India Institute of Medical Sciences</b>
<b>ALVOM</b>	<b>:</b>	<b>Association for the Liberation of Vagris and Other Minorities</b>
<b>ANC</b>	<b>:</b>	<b>Antenatal Care</b>
<b>ANM</b>	<b>:</b>	<b>Auxiliary Nurse Midwives</b>
<b>ASURE</b>	<b>:</b>	<b>Action for Development of Un-reached</b>
<b>BPL</b>	<b>:</b>	<b>Below Poverty Line</b>
<b>CAFI</b>	<b>:</b>	<b>Campaign Against Female Infanticide</b>
<b>CASSA</b>	<b>:</b>	<b>Campaign Against Sex Selective Abortions</b>
<b>CBR</b>	<b>:</b>	<b>Crude Birth Rate</b>
<b>CBS</b>	<b>:</b>	<b>Cradle Baby Scheme</b>
<b>CCT</b>	<b>:</b>	<b>Cut Curator with Tubectomy</b>
<b>CHESS</b>	<b>:</b>	<b>Council for Health, Education, and Social Services</b>
<b>CNW</b>	<b>:</b>	<b>Child Nutrition Worker</b>
<b>CPR</b>	<b>:</b>	<b>Couple Protection Rate</b>
<b>CSG</b>	<b>:</b>	<b>Community Services Guild</b>
<b>CVS</b>	<b>:</b>	<b>Chorionic Villus Sampling</b>
<b>DANIDA</b>	<b>:</b>	<b>Danish International Development Agency</b>
<b>DDHS</b>	<b>:</b>	<b>Deputy Director of Health Services</b>
<b>DMK</b>	<b>:</b>	<b>Dravida Munnetra Kazhagam (Dravidian Progressive Foundation)</b>
<b>GCPS</b>	<b>:</b>	<b>Girl Child Protection Scheme</b>
<b>GDI</b>	<b>:</b>	<b>Gender Development Index</b>
<b>GoTN</b>	<b>:</b>	<b>Government of Tamil Nadu</b>
<b>HDI</b>	<b>:</b>	<b>Human Development Index</b>
<b>HR</b>	<b>:</b>	<b>High Risk</b>
<b>ICCW</b>	<b>:</b>	<b>Indian Council for Child Welfare</b>
<b>ICDS</b>	<b>:</b>	<b>Integrated Child Development Services</b>

ICMR	:	Indian Council of Medical Research
IIT	:	Indian Institute of Technology
IMR	:	Infant Mortality Rate
ITI	:	Industrial Training Institute
IUD	:	Intrauterine Device
IVF	:	In-vitro Fertilisation
LSCST	:	Lower Segment Caesarean Section with Tubectomy
MLA	:	Member of Legislative Assembly
MP	:	Member of Parliament
MSSRF	:	MS Swaminathan Research Foundation
MTPCT	:	Medical Termination of Pregnancy with Tubectomy
NFHS	:	National Family Household Survey
NGO	:	Non-Government Organization
NPS	:	Non Pubertal Sterilisation
NSV	:	No-Scalpel Vasectomy
PGD	:	Pre-implantation Genetic Diagnosis
PHC	:	Primary Health Centre
PNDT	:	Pre-Natal Diagnostic Test
PS	:	Pubertal Sterilisation
SC	:	Schedule Caste
SHG	:	Self Help Group
SIDA	:	Swedish International Development Agency
SIRD	:	Society for Integrated Rural Development
SSA	:	Sex Selective Abortion
SR	:	Sex Ratio
SRB	:	Sex Ratio at Birth
SR	:	Struggled and Rescued
ST	:	Schedule Tribe
TDH	:	Terre Des Hommes
TFR	:	Total Fertility Rate
TNAHCP	:	Tamil Nadu Area Health Care Project
TNWDC	:	Tamil Nadu Women Development Corporation

<b>UNICEF</b>	<b>:</b>	<b>United Nations Children’s Fund</b>
<b>UNFPA</b>	<b>:</b>	<b>United Nations Population Fund</b>
<b>VAO</b>	<b>:</b>	<b>Village Administrative Officer</b>
<b>VHN</b>	<b>:</b>	<b>Village Health Nurse</b>
<b>VOWC</b>	<b>:</b>	<b>Voluntary Organisation for Women and Children</b>
<b>VRDP</b>	<b>:</b>	<b>Village Reconstruction and Development Program</b>
<b>WCWC</b>	<b>:</b>	<b>Welfare Centre for Women and Children</b>

# CHAPTER ONE

## Introduction

### 1. 1. Encountering Death before Birth

During my fieldwork in 2004-2005, while staying at Attipatti, it almost became a routine for me to stop by at Parimala's house in the afternoon for a chat with the family.<sup>1</sup> As my visits to the family increased over the course of my fieldwork, a warm and close bond developed, in particular between Parimala's mother and myself. She would enjoy talking to me for hours and hear my response in broken Tamil. Parimala's mother, aged 55, had received primary education unto the sixth grade. She also had a son, aged 33, who was two years younger than Parimala. She was a high caste Gounder woman, who would not only perform to everyday household chores, but also assist her husband in the agricultural fieldwork. She was quick, expressive, and had a remarkable analytical mind, that sometimes helped me understand village affairs in ways that always amazed me.

The discussions were a way for me to understand the meaning of the 'small family norm' and the general health scenario for the mother and child. In one such discussion, she led me to the topic of 'female infanticide' by stating that the practice was relatively *athigam* [more] back in the days of her youth [roughly around early 1970s], and it was only done by her caste members [Gounders] as a sort of a family planning instrument. These days, she continued, most people do 'scans' [implying prenatal testing through ultrasound scanning followed by sex selective abortion], as a consequence of the 'rules and regulations' in the village.<sup>2</sup> According to her, a family planning service was not made available in her village in those days. People had to travel long distances to the towns of Salem and Erode in order to make use of the government hospital. In making the practice of female infanticide intelligible to me, she further revealed that her

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<sup>1</sup> All names of individuals and villages are pseudonyms in this thesis, unless indicated otherwise. Parimala, who worked for the local NGO as a 'fieldworker', was one of my key-informants during my fieldwork with the NGO and in the village. Her details are forthcoming in the methodology section of this Chapter.

<sup>2</sup> The term 'rules and regulations' – which refers to the punitive and stringent actions of the government and the non-government organisations (NGO henceforth) against female infanticide – has come to be a part of the village vocabulary on female infanticide. I will unpack its usages and implications in Chapters Five, Six, and Seven.

second delivery, which took place around 1972, was a *Kuzhi Pappa*<sup>3</sup>; and she then gave birth to a son a year later and, then, stopped reproducing by adopting temporary methods of contraception, mainly by using an Intrauterine Devices [IUD henceforth]. Noticing my inability to understand the meaning of the term *Kuzhi Pappa*, she smiled back and stated: '*Kuzhi Pappa* is a *naattu* [village] term used for the practice of female infanticide. The *Sangha*<sup>4</sup>, however, had increasingly popularised the practice as *Penn Sisukolai* [literally translated as female infanticide], but nobody here in the village would call the practice as *Penn Sisukolai*'. What difference does it make? A death is a death! When I insisted on understanding the difference between the two, she thought for a while and replied: "I would never call my [second] child's death as '*Penn Sisukolai*', as this implies *sisukolai* [killing an infant] of [a] *penn* [female]. Mine was a *Kuzhi Pappa* – a baby [born to go] for grave". [Reconstruction from field notes: Attipatti, May 25, 2005]

It was in this particular ethnographic context of contemporary Tamil Nadu, that I confronted altogether different and competing conceptions of an infant's life and death. That is, in death before birth – the killing of female infants and sex selective abortion of female foetuses. The ease and the logic with which Parimala's mother justified the killing of a female infant (female infanticide), by using different terms and explanations, and its more recent form of sex selective abortion, confronted me with not only the ethical quandary of an anthropological nature, but also how to understand such deaths?

## 1. 2. Why Female Infanticide and Sex Selective Abortion?

In a wider context, these deaths are figuratively discussed in the ongoing debate on 'missing women' in India, which is often expressed through the declining female to

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<sup>3</sup> The term *Kuzhi Pappa* has been literally translated as 'the female child in the burial pit' in a report by the Community Services Guild and Adithi in 1992, cited in Negi (1997).

<sup>4</sup> Though the word *Sangha*, in Tamil, literally means 'assembly' or 'academy', in village vocabulary, its use is somewhat extended to refer to an NGO and its overall activities. This is due to fact that the NGO presence in a village is made visible primarily through its fieldworkers' activities around assembling the Self-Help Groups (SHG henceforth) for micro-credit and micro-finance programmes. In Attipatti, the term *Sangha* is simultaneously used to refer to the local NGO as well as the various SHGs. A detailed description of *Sangha* is forthcoming in Chapter Seven.

male child sex ratio.<sup>5</sup> This debate has led many demographers and other social scientists to focus almost exclusively on issues of female infanticide and sex selective abortion as factors causing the decline and shortage of women in Indian society (Attané & Guilmoto, 2007; Agnihotri, 2003; UNFPA, 2003; Jha *et al.*, 2006; Patel, 2007). Consequently, the focus of academic and other social inquiries has shifted in favour of the analysis of 'sex ratios' in terms of consequences (of female infanticide and sex selective abortion) *per se*, rather than making these social practices intelligible. For example, why has female infanticide, which was claimed to be effectively controlled in nineteenth century colonial India, appeared in post-colonial (South) India – in the form of both sex selective abortion and female infanticide – in communities and regions where it was previously claimed to be unknown? What effects could these social practices have on contemporary women's positions and their developments and vice-versa? More importantly, given the fact that both female infanticide and sex selective abortions are outlawed, what are the forms of intervention (both civil society and political), introduced to control female infanticide and sex selective abortion in Tamil Nadu? What effects do these interventions produce and reproduce in terms of governing the population, in general, and, on women's reproductive and other rights in particular? My thesis discusses these concerns in the ethnographic context of socio-cultural struggles in Tamil Nadu, and hopes to generate critical and innovative thinking about population, reproductive politics and human rights.

The need to study female infanticide and sex selective abortions in its entirety has, therefore, assumed a historical significance given the fact that the contemporary discourse on the declining numbers of women relative to men in many third world countries has provided a 'fresh' impetus to the study of female infanticide and sex selective abortions. Whether or not female infanticide and sex selective abortions are exclusively responsible for this progressive decline in the proportion of women and

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<sup>5</sup> The concept of 'missing women' was presented by Amartya Sen, over a decade ago to refer to the "terrible deficit of women in substantial part of Asia and north Africa, which arises from sex bias in relative care" (Sen, 2003: 1297; for numbers of missing women and their statistical treatment, see Sen, 1992; Sen, 1989; Sen, 1990; also see Klasen, 1994; Klasen & Wink, 2002; Klasen & Wink, 2003). Since then the term has given an escalated analysis of disaggregated sex ratio and thus gave currency to terms like 'missing' females or girls.

girl children has yet to be established (in fact, social scientists increasingly believe that they do), the fact is that these practices do have the potential for creating unrest and anarchy in the society if practiced on a wider scale.

### 1. 3. Why Tamil Nadu

In the southern Indian state of Tamil Nadu, the practice of female infanticide came to public attention only in the mid-1980s through media reports (Soundarapandian, 1985; Venkataramani, 1986). These reports noted the emergence of female infanticide among the *Kallar* community in Usilampatti *Taluk* of Madurai district in Tamil Nadu.<sup>6</sup> A Tamil historian (Devi, 1991) and a Tamil author (Sundaram, 1991 cited in Mazumdar, 1994: 12), subsequently, undertook studies on female infanticide in the region and have confirmed its occurrence.<sup>7</sup> A year later, George *et al* (1992) incidentally encountered and confirmed cases of female infanticide in the North Arcot Ambedkar district in Tamil Nadu. In the same year, female infanticide was also reported in the Salem district – a place more than a hundred miles away from the Usilampatti region of Madurai district (Srinivasan, 1992; Krishnakumar, 1992). By the mid-1990s, female infanticide reportedly had spread from a core region of four districts, to three additional districts in a belt running north-south along the western half of Tamil Nadu, and to a further nine districts on the periphery (Chunkath & Athreya, 1997).

These reports were surprising and contradicted earlier studies. In North Indian societies, female infanticide (first reported by a British Resident in 1789) was strongly associated with rigid patriarchal kinship structure including dowry, unfavourable marriage patterns, lesser freedom, low education, and strict rules of avoidance for women (A detailed account of its origin in north-west India will be presented in Chapter Four). Anthropological accounts of South Indian societies suggested considerable relevant differences from the North Indian models, in terms

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<sup>6</sup> For a historical ethnography of the *Kallars* and the practice, see Chapter Six.

<sup>7</sup> While Sundaram (1991) undertook a socio-psychological study of the people of Usilampatti in order to ascertain what made a mother kill her own daughter, Devi (1991) attempted a socio-historical study of female infanticide in the same area among the *Kallars* in order to shed some lights on the position of women in this community.



of the prevalence of bride price, female-friendly marriage practices, equal freedom and opportunities, higher female literacy rates, a less rigid patriarchal structure and a near total absence of son preference (see Dyson & Moore, 1983).

Furthermore, Tamil Nadu had been hailed as one of the prosperous and relatively advanced Indian states in terms of social indicators such as fertility and literacy rates, infant mortality, health infrastructure and other indicators such as school enrolment and retention and birth and death rates (Chunkath & Athreya, 1997). By 2002, the Tamil Nadu Government reported a Total Fertility Rate (TFR henceforth) of 2.0 live births per woman with an Infant Mortality Rate (IMR henceforth) of 44 per 1,000 live births (GoTN, 2003b). This was way below the all-India TFR of 3.2 live births per woman and IMR of 64 per 1,000 live births. Out of about 45 million rural populations, almost 35 million of the outpatients are treated at the Primary Health Centres (PHC henceforth) annually (GoTN, 2003a). The over all literacy had gone up from 62.7 per cent in 1991 to 73.47 per cent in 2001, with which Tamil Nadu reached the third position among the major States of India. The female literacy rate increased from 51.33 per cent in 1991 to 64.55 per cent in 2001. The sex ratio of the population for Tamil Nadu has increased from 974 females per 1,000 males in 1991 to 986 females per 1,000 in 2001 (Athreya, 2001). Other highlights include primary education in which “Tamil Nadu has been a pioneer in the introduction of various schemes to enhance enrolment of children” with the “Noon Meal Scheme”, introduced in 1982, oriented to encouraging universal enrolment, ensuring nutritional support, and retaining the children in schools at the primary level (GoTN, 2003a: 72). In short, with a Human Development Index (HDI) of 0.657, Tamil Nadu ranked third among the 15 major states of India (Ibid).

Why has female infanticide then appeared in parts of Tamil Nadu? What aspects of the social norms and structures have witnessed transition and change in terms of the indicators mentioned above, and what has caused these changes? What has been the role of government and other institutions in preventing these deaths? This thesis incorporates all these concerns in an ethnographic account of female infanticide and sex selective abortion in contemporary Tamil Nadu. Although I have pursued a

number of lines of inquiry throughout the thesis, I find it pertinent to situate my thesis broadly in the anthropology of reproduction.

## **1. 4. Analytical Framework**

### **1. 4. a. Anthropology, Demography, and Reproduction**

This study draws its theoretical insights from a newer anthropological concern about human reproduction that has particularly emerged since early 1990s. Way back in 1990, during the annual meeting of the American Anthropological Association in New Orleans, some anthropologists and historians attempted to develop new cultural and political approaches to human reproduction by engaging in a session called ‘Rethinking Reproduction: Toward a Political Economy of Fertility’. Susan Greenhalgh later collected these ideas and published them in a book in 1995 (see Greenhalgh, 1995b). In her preface to this edited volume, she argued that in the face of growing dissatisfaction with demography, there is a need to “create a different kind of demography” within anthropology in order “to improve the understanding of the fertility dynamics” (p. xiv). She attempted to provide an ‘anthropology of reproduction’ through an integration of practice approaches, political economy and feminism (Greenhalgh, 1995a).

Furthermore, the emergence of a cultural and political understanding of demographic behaviours is due to a widespread dissatisfaction, in recent years, with conventional demographic approaches to reproduction and fertility, which neglect the roles of culture, history, and politics in reproductive life. The role of culture in explaining demographic behaviour has long been ignored. On the other hand, the dominance of ‘socio-economic’ explanations in demography has come in for sharp criticism in recent years. Interestingly, such criticisms have been voiced from within demography. For instance, a call for intensive village studies to supplement demography’s typical survey methods (Leibenstein, 1981; Caldwell *et al.*, 1982) was one of the first signs of dissatisfaction with such analyses within demography. The emphasis by Dyson and Moore (1983) on the role of ‘culture’ added further impetus to such trends, particularly, in the Third World demography. Such realizations have

encouraged the participation of anthropologists in demographic issues to a great extent. One of the breakthroughs in this has been David Kertzer's (1995) articulation of the role of the 'political-economic' and 'culture' in explaining demographic behaviour, by focusing on the inability of purely socio-economic factors to explain demographic transitions. Parallel works in anthropology and other discipline such as history are fast paving the way for the emergence of new theoretical trends which employ a new set of ideas and concepts to evaluate the role of culture and politics in what used to be the private domain of people, i.e. human reproduction (Kertzer, 1995). There is a growing need to invoke a cultural understanding of reproduction in the wake of new technological and bio-medical breakthroughs; the notions of personhood and gender, family and kinship are in the process of being redefined (Greenhalgh, 1995a).

A political-economic approach, which focuses on "the embeddedness of community institutions in structures and processes, especially political and economic ones, operating at regional, national and global levels and to the historical roots of those macro-micro linkages" (Greenhalgh, 1990: 87), is best suited for understanding female infanticide and sex selective abortion in contemporary Tamil Nadu. The advances in world biotechnology and its subsequent introduction in the form of amniocentesis and ultrasound in India since late 70s has profoundly negatively influenced people's right to choice in reproduction and family planning matters. The net result of the introduction of such techniques in India is the setting up of a trend whereby 'tradition' and 'modernity' do not stand in opposition to each other; rather they are in tandem benefiting from the ingrained bias against girl child which is reflected in the appearance of female infanticide and sex selective abortions in Tamil Nadu and elsewhere. An understanding of individual reproductive decisions, including the one made by families not wanting a daughter to be born, could best be reached by an understanding of historically developed global forces that shape local demographics. Such an understanding inevitably requires a political economy approach.

Is it possible for an inquiry of the sort discussed above to ignore the role of gender from the act of reproduction? The practice of female infanticide and sex selective abortions is a deeply gendered process; selective death of females, and even conscious neglect and avoidance, is inherently based on gender. The act of giving birth is profoundly influenced by relations of difference and inequality in beliefs, resources, and power on gender lines (Greenhalgh, 1995a). How far does conventional demography explain, even by taking gender into consideration, the fact of life and death in this context? Indeed in numbers; most of the demographic explanations tend to employ women's status approach to gender and fertility issues. Here, Sen's (2001) emphasis on the importance of women's agency in constructing their own reproductive outcomes calls for intensive research with a more interdisciplinary approach that could further understanding of cultural attitude and social psychology of gender inequality of Third World countries; that there is a need to take the "plural view of gender inequality" (Sen, 2001: 14) is interesting. In fact, "there is a need to go not beyond just the agency of women, but to look also for more general critical assessment of received values. When an anti-female bias in action (such as sex-specific abortion) reflects the hold of traditional masculinist values from which mothers themselves may not be immune, what is needed is not just freedom of action but also freedom of thought especially in women's ability and willingness to question received values" (Sen, 2001: 14). On the other hand, Greenhalgh (1995a) stressed that untangling the broader cultural processes of conflicting, contested and vitally consequential moral values surrounding families, kin groups, communities and nation-states ought to be a central task of reproductive research today. How far is demography capable of explaining these intricacies embedded in the intersection between the structure and the agency given the fact that even the most refined models of demography, i.e. institutional demography gives greater weight to structures? For instance, even in a popular model of fertility causation, social and cultural factors affect fertility only insofar as they work through a small number of biological and behavioural proximate determinants (Bongaarts, 1978). The ongoing debate on the declining female to male child sex ratio, demographically representing missing women, in India places the onus solely on the female infanticide and sex selective abortions in a causal-variable manner, which is another example of the

weaknesses of such a model. The demographer's emphasis on the 'missing women' has nothing to offer for an understanding of how families shape their choices or exercise power over what should be the gender composition of the household. For the act of producing children, whether male or female, is deeply entrenched in the structure and the agency. It is not free from social, cultural and political influence. Therefore, with the backdrop of Drèze and Sen's (2002) call for further social, anthropological and cultural investigations and with slight modifications and extensions to what Greenhalgh (1995c) has proposed for future research on reproductive health, the present study proposes to adopt a feminist approach. Such an approach goes beyond the women's status and socio-economic approach of demography and is integrated with what Greenhalgh has called the 'culture and political economy' of fertility in recognising the special role of the culture in shaping reproductive outcomes. Sen's (2001) contention that we need to look beyond the agency of women confronts us with the third perspective on the subject of female infanticide and sex selective abortions, i.e. the social construction of demographic behaviour.

A social construction approach, also called practice approach, draws on Bourdieu (1977) and others. According to this approach, "not only social reality (Berger & Luckmann, 1967), but also demographic reality is a social construction" (Bledsoe, 1990 cited in Greenhalgh, 1995b: 15). Greenhalgh further argued that social construction of the family should be seen as a political process, in that the "relations of power within society both shape reproductive practices and in turn are shaped by them" (1995b: 15). What does, then, a social construction approach to reproduction envisage? According to this approach, social organization is a human product, actively constructed by human agents which in turn shape human conduct. The emergence of social construction or what is now called the 'practice approach' within sociology and anthropology suggests a shift of emphasis "from societal norms to individual agency" and seeks to clarify the "complex and mutually constitutive relations between structure and action" (Greenhalgh, 1995a: 14; also see Berger & Luckmann, 1967; Bourdieu, 1977; Giddens, 1979). Greenhalgh (1995a) argued that because marriage and kinship were prime arenas for theorizing in this area,

anthropological interest in the family extended this perspective downward to family and fertility and in so doing the notion of reproduction has been transformed and re-conceptualized into a socially constructed process, moving beyond a biological and demographic view. While reproduction is still a biological phenomenon, the reproductive process is not. It is dynamic in that the social management of reproduction begins long before the actual act of birth takes place. Anthropologists have documented the abundant cultural means people have devised to regulate their fertility, both pre-natally and post-natally; female infanticide and sex selective abortions are but two of such practices. The power that individuals or communities exercise through such strategies of reproduction has been relatively well documented within history (Kasturi, 2002; Vishwanath, 2000) and anthropology (McLennan, 1865). However, the power that female infanticide and sex selective abortions exert over the agency of individuals, particularly women and communities is still a new area of inquiry. In this respect, it is worth pointing out that none of the literature on the subject has ever discussed whether such reproductive manipulations as female infanticide and sex selective abortions are an individual strategy, taken at a household level or a collective one devised by the whole community under the influence of common culture. Therefore, it would be worth investigating how decisions are arrived at in a society, whether collectively or at individual household levels. Thus, micro-power and micro-history acquires criticality for any analysis of female infanticide and sex selective abortions. I have attempted to fill this gap by looking at how elements of broader social and political forces like modernisation and development accommodate and carve out a space for themselves vis-à-vis indigenous and traditional values, and, thus converge into a set of discriminatory practices against women, first reflected at the regional levels and thereby penetrating deep down into core regions where it acquires legitimacy from the existing culture and takes the indigenous shape, of which female infanticide and locally adopted form of sex selective abortions are but one critical manifestation.<sup>8</sup>

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<sup>8</sup> In many poverty stricken areas of Tamil Nadu, those who cannot afford an abortion in hospital after having detected the female foetus in the womb opt for indigenous methods, such as the use of oleander stem for abortions (Krishnakumar, 1998).

With the backdrop of such shifts in the issues of reproduction, the subject of female infanticide and sex selective abortions – closely associated with the strategies of reproduction and gender inequality in natality – can be located within such a framework of analysis. I, therefore, attempted to understand the politics of reproduction by invoking cultural understanding with an integration of political-economic, feminist and practice approach.<sup>9</sup> Having justified a broad framework of reproduction for this study, I now turn to a specific space within the anthropology of reproduction by elucidating on the need for ‘anthropology of child-death’ within the anthropology of reproduction.

#### **1. 4. b. The Anthropology of Childbirth**

Although childbirth is a significant personal experience for women, it is also a social event bound up with the maintenance and reproduction of social order (Murphy-Lawless, 1988: 177).

While there had been some studies on the anthropology of reproduction through the 1960s, they were mainly confined to a ‘cross-cultural’ framework in which anthropologists focused on “the beliefs, norms, and values surrounding human reproductive behaviour” (Ginsburg & Rapp, 1991: 311; also see Mead & Newton, 1967; Ford, 1964; Newman, 1969; Newman, 1972). The focus of these comparative studies was to establish the universal versus culturally specific aspects of human reproductive behaviour. By paying close attention to the management of reproductive processes in terms of a ‘pre’ and ‘post’ natal care, these studies established that reproduction is not merely a biological process, but also culturally constructed.

Proliferation of gender studies and second-wave feminism since the 1970s has greatly facilitated anthropology, in shifting the focus from a general human reproductive behaviour on to the women’s reproductive experiences, giving rise to a feminist scholarship in the anthropology of reproduction. As a result, reproduction has come to be redefined as “the human and especially the female life-cycle (events) related to ideas and practices surrounding fertility, birth, and childcare, including the

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<sup>9</sup> By politics of reproduction I mean here reproductive decisions and practices guided, in part, by gender consideration.

ways in which these figure into understandings of social and cultural renewal” (Ginsburg & Rapp, 1991: 311; also see Mead & Newton, 1967; Jeffery *et al.*, 1989; Ginsburg & Rapp, 1995; Kay, 1982; Newman, 1972; Browner, 1986).

Within the anthropological tradition, “forms of androcentrism, ethnocentrism, and biological determinism...greatly limited the ways in which reproduction could be analysed or studied” (Franklin & Ragone, 1998: 2), which, since the late 1980s, has paved the way for a social and cultural analytic of reproduction, in particular the feminist analytic of fertility and reproduction (Rapp, 2001; also see Unnithan-Kumar, 2004; Van Hollen, 2003 for a South Asian perspective). That is to say, the area of human reproduction studies has only recently liberated itself from biological deterministic models, such as Darwinian natural selection, and thus have included concerns for gender and family relationships, power relationships, modernity, biomedical reproductive technologies, and fertility and childbearing (Martin, 1987; Strathern, 1992; Inhorn, 1994; Ginsburg & Rapp, 1995; Ginsburg & Rapp, 1991; Davis-Floyd & Sargent, 1997; Lock & Kaufert, 1998; Rapp, 2001; Edwards, 2000; Van Hollen, 2003; Unnithan-Kumar, 2004). All this has widened the area of discussion by highlighting the usefulness of a feminist analytic of fertility and childbearing in the similar ways as Greenhalgh (1990, 1995a) has earlier advocated with regard to ‘situating’ fertility in a political-economic and cultural framework by combining anthropology and demography together.

In the wake of new health practices, spurred by advancement in biotechnology, genetic engineering and reproductive technologies, cultural understandings and individual experiences of reproduction and birth has been rapidly transformed. Because of these changes within reproductive studies, social and cultural practices associated with birth, parenting, and reproduction have become the intensive site of academic research and have attracted, in particular, the participation of anthropologists the world over. So far, anthropological studies in reproduction have largely explored, either how reproductive practices are reflected in social and cultural systems (Mead & Newton, 1967; Newman, 1972; Kay, 1982; Unnithan-Kumar, 2004) or have viewed reproduction as a key site for understanding how people re-



conceptualise and re-organise their social world (see Browner & Sargent, 1990; Davis-Floyd, 1992; Ginsburg & Rapp, 1995; as discussed in Van Hollen, 2003: 5). In all of this, the anthropology of reproduction has, however, largely been conceptualized as the anthropology of ideas and practices surrounding childbirth, fertility, medicalisation, parenting, and, childcare, including the ways in which these ideas are re-conceptualised and re-configured into an understanding of social and cultural systems (see Van Hollen, 2003 who has expressed a similar concern in her recent inquiry into maternity and childbirth in rural Tamil Nadu). Relatively less attention had been paid to the understanding of the anti-thesis of birth – that is, of death, and that of the unborn, particularly in the context of issues of gender-selective child survival, use and control over new reproductive technologies, and infertility.

#### **1. 4. c. The Anthropology of Death**

Death as a continuum and as ultimate consequence of birth has received wider attention within classical anthropology (Hertz, 1907; Gennep, 1909; Frazer, 1913; Frazer, 1922; Frazer, 1924; Tylor, 1920; Durkheim, 1952) and is still an active field of inquiry under cultural theories of ‘embodiment’ often mediated via birth – both imagined and real (Worden, 1991; Klass *et al.*, 1996; Hallam *et al.*, 1999; Hallam & Hockey, 2001; Hockey & Draper, 2005). Moving from a classical focus on rites and rituals following death (Gennep, 1909), and death as initiation into social afterlife (Hertz, 1907), death in contemporary scholarship has come to be conceptualised and understood as a form of ‘social identity’ vis-à-vis the body (De Vries, 1981) as well as an absence of body (Hockey & Draper, 2005). In earlier analyses through embodiment theories, the social identification, tied to the body, is framed between the twin moments of its first and last breath (De Vries, 1981). However, under the current formulation, how the construction of social identity of unborn and dead takes place through an absence of body has significantly shifted to (dis)embodiment theories (Hockey & Draper, 2005; see also Haddow, 2005). That is to say, it is now possible to talk about the construction of a social identity for the unborn and the dead (even in the absence of a body) through “a cluster of material practices, technologies, and objects associated with conception, pregnancy and birth; and death, dying and

bereavement....(that)... include ultrasound imaging of the foetus, the viewing of a birth or of a corpse, and the tending of a grave” (Hockey & Draper, 2005: 41). Such a position is, however, dependent upon the pretext of an imagined future and/or a remembered past embodiment, in the absence of a body. All these discussions point towards the contested or precarious nature of the ‘embodied’ or ‘disembodied’ social identity that also has its reverberation in the highly politicised contestations about the nature, status, and rights of the unborn; all too well known in the western feminist literatures on tensions around abortion rights (Warren, 1985; Weiss, 1995). Such standpoints on the dead and the unborn, however, are indeed contingent upon the birth, whether imagined or real. What happens in situations where birth is neither imagined (due to predominance of cultural forces over the technological developments) nor actualised as a socially acceptable practice?

#### **1. 4. d. What about Death before Birth?**

Death prior to birth – or so to say death before birth – in its technological and cultural fix is, indeed, a much more complex phenomenon and relatively ignored area of inquiry. The practice of female infanticide and sex selective abortion presents two such sites where death overtakes birth (both imagined and real). While sex selective abortion depends on the availability of sex detection technologies like ultrasound and amniocentesis to determine the sex of the foetus before birth (i.e. imagined birth), female infanticide is generally carried out within 24 hours of the birth (i.e. real birth) by adopting indigenous methods such as feeding the infant with milk made from poisonous oleander berries, with a few grains of paddy and chicken broth, or stuffing the baby’s nostrils. However, due to increasing surveillance by the NGO fieldworkers and the government authorities, especially Police, people seem to have invented newer techniques of killing babies. For example, Aravamudan (1999) reported the concealment of female infanticide by people as ‘deaths due to medical cause’ in which case the potential victim of female infanticide is wrapped in a wet cloth in order to induce pneumonia. Eventually, the post-mortem and doctor’s report states ‘pneumonia’ as the cause of death. This reduces the chance of detection, which is now apparently as important as the killing itself. Yet at least five cases of female

infanticide of a similar concealment have been detected and registered by the Police in Salem district during 2000-2001, in which case families have smothered the newborn female baby by leaving her in front of a pedestal fan running at full speed (Venkatesan, 2001).

Concerning female infanticide which is often considered as an expression of patriarchal violence against women (Karlekar, 1995; Karlekar, 1998) there are two conflicting positions with regard to the morality of sex selective abortions. One regards it as a 'moral right' (Warren, 1985; Dasgupta, 2005), while the other presents it as a 'moral mistake' (Weiss, 1995). Those who consider sex selective abortion as a moral mistake argue that it cannot be viewed as an individual decision but has to be understood in the context of community beliefs and practices that construct differential values for males and females (Weiss, 1995). Even those who support sex selective abortion as a moral right do not extend the same argument for the foetus developing in second and third trimester of pregnancy, as by then it becomes 'sentient' (Warren, 1985: 104). Kenny (1996) reported one such example from the UK when a mother was brought into a public debate for seeking an abortion of one of the twins at 16 weeks of gestation (second trimester) on account of being a poor and single mother of one child already. There was a clear concern with regard to such abortions as a case of 'death before birth'. The reasons quoted for undergoing abortion in this case is strikingly similar to those of female infanticide and/or sex selective abortion in Tamil Nadu (this is a standard explanation in both the government and NGO discourses, and will be discussed in Chapters Five, Six, and Seven). Although there is rarely any conflation of debate over female infanticide and sex selective abortion, sex selective abortion has been productively examined as an alternative to female infanticide in Tamil Nadu. It appears to be the case that only those who do not have access to medical means of detecting the sex of the foetus resort to female infanticide (Sunder Rajan, 2003; Mazumdar, 1994).

In this thesis, I examine how bio-medical understanding of birth as a precondition to death (as shown in the concern for preventing infant mortality), has come to be challenged by increasing reports of female infanticide and sex selective abortions in

Tamil Nadu. That is to say, neither the status of such infants nor of unborn foetuses is socially accepted or culturally mourned event in Tamil Nadu. Such dead and unborn are simply termed as *vendam* (unwanted) in the social and cultural rhetoric.<sup>10</sup> Thus, in the absence of bereavement in such death, that is, in death before birth, no 'social identity' comes to be forged neither for the dead nor for the unborn, by the immediate social actors (that is, by the bearers of a foetus or infants), whether on "the pretext of an imagined future or a remembered past embodiment" as suggested by Hockey and Draper (2005: 1). Similarly, no 'social existence' is called forth by the social actors in the sense that Mulkay has suggested, i.e., "in the observable social world as that world is understood by survivors" (1993: 33). Furthermore, 'social existence' has been understood by embodiment theorists like De Vries as "contained between the twin gate-posts of birth and death" (Hockey & Draper, 2005: 54). Quite the opposite of what he argued that "[a]t birth, a previously non-existent individual appears, at death an existing individual passes into non-existence" (De Vries, 1981: 1075), in the case of deaths like female infanticide and sex selective abortion, a previously non-existent entity remains non-existent.

I do not want to suggest here that an absence of bereavement or lack of guilt associated with such practices is generated without any agency. Far from it, the potential formation of a social identity for the dead and unborn are often undermined and subdued as a result of struggles and resistance to bio-medical, state and non-state practices. Such absences are actively constructed and re-constructed by social actors in relation to surveillance and control by external institutions and agencies. This is, therefore, not to suggest that such deaths go unreported, non-contested or non-debated in social life. On the contrary to it, these deaths are very much part of local state and non-state's (primarily NGOs) calculation of power and governance. However, in situations where only social actors and purely cultural practices are concerned, even bio-medical practices associated with pregnancy and birth (such as viewing of a foetus through ultrasound or registering an infant's birth and death) fail to generate and construct either the 'social acceptability' or 'maternal thinking

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<sup>10</sup> However, development agencies such as NGOs and government health departments sometimes associate non-biomedical logic with these practices, and, thus justify the basis of their bio-medical intervention in such instances. This will be explored in Chapters Five, Six, and Seven.

(Ruddick, 1989), which are crucial components of the social construction of birth. This leads to two different approaches to death. On the one hand, the state and non-state's political projects on these deaths seek to bring the dead alive or, in other words, give 'birth' to dead, or bring 'non-existent' into existence (for these deaths or unborn cannot be placed into its calculations without documenting births and/or conception). On the other hand, the social actors involved in such practices do their best to un-do(cument) these deaths, i.e., conceal both birth and death – sometimes by invoking the rhetoric of right to privacy and choice. There are ample narratives of this scenario from my fieldwork that will be considered at various points in the thesis. Meanwhile, consider the following response:

If I and my husband have the right to have a child, we also have the right to kill it, if it happens to be a daughter and we decide to kill it. Outsiders have no right to poke their noses in this. [A village woman quoted in Venkataramani, 1986: 30-31]

That is why the birth of such dead infants and foetuses (re)appear in public and social memory insofar as state and/or non-state prosecution of individuals (mostly mothers) responsible for these deaths takes place. Part of the reason why such birth tends to disappear from 'social observable world' then, also has to do with the state and non-state intervention itself. Consequently, the whole project of state and non-state actors on such deaths is primarily oriented to provide 'birth' to death (socially and culturally denied though) into its social and political calculation. This also explains why the original activity of the state and non-state's project on such deaths was the (re)production of birth first through documenting and then criminalizing the act. While in colonial India, families and communities were targeted and criminalised for neglecting and concealing the birth and the death (Kasturi, 2002), it is mothers in post-colonial India who are increasingly criminalised and seen as challenging the source of state-power (this will be made evident from the NGO and government modes of control and surveillance as discussed in Chapters Five, Six, and Seven).

In Tamil Nadu, indeed the state responded to this challenge, first, by acknowledging the existence of female infanticide back in 1992, and, secondly, by actively framing policies and programmes in order to bring the population under its surveillance (see

Chapter Five). The logic behind such intervention, of course, is the democratic proclamation that the state has a mandated duty to intervene in matters such as female infanticide when families and communities fail to protect their members (Sunder Rajan 2003). While state and non-state actors attempt to discipline, control and protect such families and communities in terms of female infanticide, those who are subordinate nonetheless resist the mechanisms of surveillance that are employed on them. The difficulty of detecting these deaths, however, lends legitimacy to the state and non-state claim to governing the target population to its very core. By creating structures of technology and control around these deaths and by linking these deaths with issues of fertility control and reproduction, the state in Tamil Nadu, therefore, does nothing other than to create voluntary servitude of individuals and families which Foucault (1978) has referred as 'docile bodies'. It is precisely these forms of social and political life in which the "questions of life, corporality, and populations" (Sunder Rajan, 2003: 194) bring the issues of female infanticide and sex selective abortion in contemporary societies into the frame of reference of the 'biopolitics' propounded in the work of Michel Foucault (1978, 1980) and Giorgio Agamben (1998). In particular, the bio-political framework of Foucault.... "allows us to go even beyond the anthropological concern with 'culture-norm' and the typical social-scientific explanation in terms of the economy of 'value' and instead view sex selective infanticide in contemporary societies" in the light of modern governing techniques (Sunder Rajan, 2003: 194). Although I have neither exclusively nor explicitly pursued the theme of governmentality in my examination of female infanticide in contemporary Tamil Nadu, I, nonetheless, see some merit in introducing the basic ideas around governmentality here, in order to pave some basis for a return to these ideas in the conclusion of this thesis.

#### **1. 4. e. A Bio-political-Governmentality Framework**

In Foucault's writings, "the term 'government' refers generally to the conduct of conduct – to the more or less calculated and systematic ways of thinking and acting that propose to shape, regulate, or manage the conduct of individuals and populations toward specific goals or ends" (Inda, 2006: 3; also see Rose, 1996; Dean, 1999). Such an understanding of the modern government has produced an escalating

collection of interdisciplinary literatures of political, social, and cultural analysis, simply referred to as 'governmentality'. Scholars of governmentality have, thus, been "concerned with exploring those practices that take as their target the wealth, health, security, and happiness of population" (Inda, 2006: 3). In his work on illegal immigration at the US-Mexico border, Inda (2006) has highlighted important studies on a broad range of subjects produced by the scholars of governmentality. I cite some of them which include studies on globalisation by Ong (1999), Ong & Collier (2005) and Ferguson (2002), on colonialism by Kalpagam (2002), on criminality by O'Malley (1992), Rose (2000) and Abramsky & Chapple (2003), on psychiatry, medicine, and psychology by Castel (1981), Ong (1995) and Rose (1998), on poverty and insecurity by Dean (1991) and Procacci (1993), on the regulation of unemployment by Walters (2000) and on the regulation of pregnancy and reproduction by Walters (2000), Horn (1994), Ruhl (1999) and Greenhalgh (2003) (Inda, 2006: 4). All these studies have drawn attention to the government as "a heterogeneous field of thought and action – to the multiplicity of authorities, knowledge, strategies, and devices that have sought to govern conduct for specific ends" (Ibid: 4). Understood this way, the term 'government' thus "designates not just the activities of *the* government and its institutions but, more generally, the practices of all those bodies whose aim is to shape human conduct. From this perspective, then the state emerges as the only one element of government, albeit an important one, in the multiple networks of actors, organisation, and entities that exercise authority over individuals and population" (Inda, 2006: 3).

Scholars of governmentality, however, did not use it as a unifying theory of government or as a formal methodology, rather as a perspective. Inda (2006) has reviewed the governmentality literature and suggested three inter-related analytical themes for an inquiry into the conduct of government. For a concise presentation of these ideas I rely on Inda's (2006) discussion of these analytical themes. The first analytical theme present in the governmentality literature is the identification of political reasons or *rationalities* or *mentalities* of government. For Rose and Miller, this involves identifying "the moral justifications for particular ways of exercising power by diverse authorities" (1992: 175 as cited in Inda, 2006: 4). For Dean, this

would mean identifying “the language and vocabulary of political rule, the constitution of manageable fields and objects, and the variable forms of truth, knowledge, and expertise that authorise governmental practice” (1995: 560 as cited in Inda, 2006: 4). In short, the use of political rationalities is to name that field wherein lies the “multiplicity of endeavours to rationalise the nature, mechanism, aims, and parameters of governmental authority” (Inda, 2006: 5). Inda (2006: 5) has further discussed two important concerns that the governmentality scholars have identified in their research which are formulated as “the epistemological character....(Miller & Rose, 1990; Rose & Miller, 1992; Dean, 1999; Walters, 2000)...and the problem-oriented nature of political rationalities (Rose & Miller, 1992; Dean, 1999)”. The former suggest that by problematising its sphere of activity in relation to particular events and/or specific realms of experiences like terrorism, epidemic, various kinds of social unrest, crime, poverty, population-crisis and so on, the government first articulate these problems and then propose solutions to them. The latter embodies itself in specific understandings of the objects of governmental practice – that is, the poor, the women, the children, the economy, civil society and so forth – and in stipulating suitable ways of managing them.

The second theme of the governmentality approach involves the focus on *programmes* of government – “that is, how government is conceptualised into existence in programmatic form” (Inda, 2006: 6). In other words, “how the real can be programmed – that it can be made thinkable in such a manner as to make it amenable to diagnosis, reform, and improvement” (Ibid). This is reflected in specific policies, schemes, and other such measures of the government for reform so that the real world can be rendered “intelligible and susceptible to rational administration” (Ibid). It is this programmatic form of the government that the governmentality scholars take as their focus by studying “how such governmental schemes conceptualise, manage, and endeavour to resolve the particular problems in light of specific goals” (Ibid).

Finally, the third analytical theme of the governmentality literature involves the identification of the *technologies* of government – “that is, how government takes on



a technological and pragmatic form” (Ibid: 6). Foucault (1980) has referred to this domain as ‘technologies of rule’ whereby the other two spheres of governmental activity, i.e., political rationality and abstract programming, are translated into actual practice. This domain is technological in that it refers to the “practical mechanisms, devices, calculations, procedures, apparatuses, and documents” (Inda, 2006: 6) of the government through which “disciplining of individual bodies and the regulations of the life process of aggregate human populations” (Foucault, 1980: 139) is achieved. Governmentality scholars contend that this disciplining of individual bodies and populations is actualised through specific technical instruments and tools like use of “surveys, reports, statistical methodologies, pamphlets, manuals, architectural plans, written reports, pictures, numbers, bureaucratic rules and guidelines, charts, graphs, statistics and so forth” – called material inscription (Latour, 1986 cited in Inda, 2006: 7). These mundane tools transform “events and phenomena as information, data, and knowledge”, which in turn render the former/objects into “calculable and programmatic forms”, leading Inda to suggest that “without these technologies, the government of conduct cannot take place” (Inda, 2006: 7).

Carrying forward and extending the understanding of bio-politics and governmentality (Foucault, 1980; Foucault, 1991), I will demonstrate in this thesis how not only the living body but also the dead constitutes an active terrain of bio-politics over which a modern ‘government of men’ is created, sustained, and transformed, and in the process it produces new kinds of subjects as well as new kinds of resistance. It is, therefore, in this context of social and political debate about the status of unborn and dead that my thesis locates an understanding of female infanticide and sex selective abortion within the anthropology of reproduction.

Within this framework of analysis and by extension of Foucault’s logic in particular, I focus on ‘women’ as body in social identity – rather than on the abstract notion of ‘population’ – as the site and the principal form of governance and surveillance for two reasons. Firstly, such a focus leads me to critique – rather than endorse – developmentalist discourse and international development agencies’ commitment to philosophical reorientation in women’s reproductive health. For example, on the one

hand, the World Bank (100%) assisted programme on mother-child healthcare in Tamil Nadu essentially views the mother-child body as one. On the other hand, the local state and non-state actors are increasingly viewing the mothers as potential criminals (and thereby viewing mother-child as two distinct bodies) under the female infanticide programme that has recently been merged with the World Bank assisted project on mother-child healthcare. Such is the state of paradox involved in understanding female infanticide and sex selective abortion in Tamil Nadu. Secondly, the discourses of the population in Tamil Nadu, as elsewhere in Third World countries, are increasingly becoming discourses around women's bodies, be it of controlling the fertility, gender equity/governing sexuality, or reproductive health (see Unnithan-Kumar, 2004).

Finally, even though the earlier ethnographic studies have documented the use of infanticide and abortion as one of the practices in population regulating mechanisms, there is correspondingly much less anthropological data on the subject, in particular, on female infanticide and sex selective abortion in India (for an extensive review of demographic consequences of infanticide among humans, see Dickemann, 1975: see also Skeldon, 1977; Bulmer, 1971; McDowell, 1988). The most common lament that echoes for a lack of it emerges from the stigma, covertness, and secrecy of these practices, leading not only to an ethical quandary of anthropological concern but also a smaller number of cases (Sargent, 1988), which makes it difficult to quantify the practice for a possible theory testing (Mull & Mull, 1987). However, in an age and place where female infanticide and sex selective abortions have led to serious and sustained government and NGO intervention and where death has become as much a part of the public debate as birth, such arguments do not hold. What then is the anthropology of ideas and practices surrounding these deaths and unborn vis-à-vis newer cultural and political meanings of (un)birth? The politics and controversies surrounding female infanticide and sex selective abortion in Tamil Nadu provide fertile ground to explore and sustain such activity. I undertook such an enterprise in my thesis to explore issues hitherto unexplored under the anthropology of reproduction.

## **1. 5. The Ethnographic Setting and the Material**

In this section, I discuss the settings of the ethnographic fieldwork, including the processes of acquiring the fieldwork material for this thesis. No discussion of fieldwork is complete without articulating the position of the fieldworker in it. Since I chose to do fieldwork in a society with which I had no prior first-hand contact, my discussion of geographical, historical, cultural and political landscape of the area unfolds in accordance with my movement in the field.

### **1. 5. a. Why Salem district?**

I conducted intensive fieldwork for my PhD thesis in Salem district (also in neighbouring Erode and Dharmapuri districts to some extent) in Tamil Nadu for 14 months between August 2004 and September 2005 (refer to Map 1.A on page 26 for the locations). The decision to conduct my fieldwork in Tamil Nadu has already been explained (at the beginning of Introduction) by the fact that the emerging practice of female infanticide in Tamil Nadu challenges the demographic and earlier anthropological accounts of women enjoying a relatively higher status there, as compared to their counterparts in North India. In particular, I was interested in looking at the forms of interventions (both state and civil society), introduced to control female infanticide and sex selective abortion; Tamil Nadu provided a fertile context by having responded to these issues before any other states in India. Although female infanticide in Tamil Nadu was first reported from Madurai district, I chose to do my fieldwork in Salem district (an area situated at a distance of over 200 km from Madurai) for two important pre-field considerations.

#### ***An Epicentre of Government and NGO Intervention***

Female infanticide in Salem district was first confirmed in 1992 through media accounts (Srinivasan, 1992; Krishnakumar, 1992). However, Salem acquired an unusual prominence in both the NGO and the Government debates and discussions only after 2001. This shift in gaze to Salem district (which I have identified as the third wave of activism in the state in Chapter Six) was guided by two important

considerations. First, in the national census of India 2001, Salem emerged as the only south Indian district amongst the fifty Indian districts with the lowest juvenile sex ratio (0-6 age group years); its juvenile sex ratio had dropped to 826 females per 1000 males (UNFPA, 2003). The deterioration in sex ratio statistics of Salem provided an ideal basis for activists and advocacy NGOs such as Campaign Against Sex Selective Abortion (CASSA henceforth) to justify their programmes and to urge NGOs and Government to intervene and address the issue in Salem.<sup>11</sup> More importantly, the sex ratio deterioration gave these NGOs a more convincing ground to centre their activities on 'sex selective abortions', rather than on female infanticide. Therefore, a renewed interest by NGOs came to be framed in the light of adverse sex ratio and a concern for sex selective abortions rather than for mere female infanticide in Salem. Second, following the return of Jayalalitha (the then Chief Minister of Tamil Nadu and an advocate of the earliest measures to prevent female infanticide in 1992) to political power in 2001, there were specific measures and schemes adopted with regard to female child survival in Salem and its neighbouring districts. One particular step was the activation and 'rejuvenation' of Cradle Baby Scheme under which unwanted female babies were received at Cradle Baby Centres (the details of this scheme will be forthcoming in Chapter Five). In Salem, this scheme had received a particular impetus since December 2001, when the newly appointed District Collector began collecting babies himself every week on a designated Grievance Day – a day originally meant for hearing people's problems and complaints. According to media reports, Salem emerged as the district where the largest numbers of babies were collected under this scheme (Krishnakumar, 2002a). The importance of this district was further underlined through the conferral of an immediate award of excellence to the District Collector by the Chief Minister for playing an active role in saving babies through CBS. In this way, female infanticide came to be synonymous with CBS. To sustain his efforts he gradually forged an active partnership with NGOs in the district, rendering it as the 'epicentre' of Government and NGO discourse on female infanticide and sex selective abortion in contemporary Tamil Nadu.

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<sup>11</sup> The density of NGO cluster in Salem was already reported to be over twenty-five – although female infanticide may or may not been the only activity of these organisations (Negi, 1997:33).

## ***Poor Social Indicators***

Though additional centres for collecting babies were set up at Theni and Dharmapuri districts as well, Salem district emerged as the epicentre of these interventions for another set of factors, which equally guided my decision to choose Salem as my fieldwork area. That is, the district Salem has poor social indicators, although, paradoxically, it (reportedly) is “the fifth most prosperous district in Tamil Nadu with a high infrastructure index (134 compared to national average of 100)” (Krishnakumar, 2002b). Salem is considered one of the most socially backward districts in Tamil Nadu also on account of its high IMR and low female literacy rate which, according to 2001 census figures, hovered at 83 per 1000 births and 55 per cent (as against 74 per cent for males) respectively (Krishnakumar, 2002a). Of particular significance is the gender differential in the IMR, which is more than double for female infants (108, 103, and 65 in 1999, 2000, and 2001 respectively) compared to male infants (37, 37, and 31 in 1999, 2000, 2001 respectively). The stillbirth rate in Salem remained much higher for female than male foetuses (30 and 21 per 1000 respectively) in 1998. According to the Tamil Nadu Human Development Report 2003, though Salem ranked fifth in its share of the state domestic product for the year 1996-97, it ranked twenty-fourth among 30 districts in Tamil Nadu on the Human Development Index (HDI) and Gender Development Index (GDI) (GoTN, 2003a).

According to a survey conducted in Salem district in 2000 by the Family Welfare Department, over 20 per cent of the population had higher order births of seven children, and over 12 per cent of the deliveries were domiciliary or outside an institution. Another survey by a Salem-based NGO (cited in Krishnakumar, 2002a) highlights the fact that it is quite difficult to conduct marriages of daughters without the payment of dowry to the bridegroom. Krishnakumar’s (2002a) report also discussed the nature of agriculture and farm work in the district which were mostly rain-fed and seasonal; even though Salem has a few cotton mills and handlooms concentrated in certain pockets, “but alternative employment opportunities were limited” (Ibid). The rhetoric of poverty and backwardness that had recently come to



characterise the district has, thus rendered Salem district as an ideal district for a social movement on female infanticide and sex selective abortions in Tamil Nadu.

Map 1.A: District-wise map of Tamil Nadu



Courtesy: [www.sangam.org/2007/10/International.php?uid=2566](http://www.sangam.org/2007/10/International.php?uid=2566)

### 1. 5. b. Locating Salem

The district of Salem is located in the northern part of Tamil Nadu (see Map 1.A). It is a completely landlocked district (bounded on the north by the Dharmapuri district, on the west by the Erode district, on the south by the Namakkal district, and on the east by the adjoining borders of Villupuram and Perambalur districts). The district is situated approximately 350 kilometres west of the provincial capital of Chennai (formerly Madras) and approximately 200 kilometres from the erstwhile French colony in India – Pondicherry.

During the early British colonization of India, Salem was the staging ground for four wars fought between the British and Hyder Ali and Tipu Sultan (of Mysore) between 1767 and 1799. In between these wars, Salem was made an administrative unit of the

Madras presidency by the British in 1792. The modern district of Salem, however, was not formed until 1965, when it was bifurcated into present day Salem and Dharmapuri district (Rajannan, 1992). The district now has been administratively divided into 9 *Taluks* (sub-districts) and 20 Blocks with 612 revenue villages (also called *Panchayats*). Mettur is one of these 9 *Taluks* in the district, where Attipatti (a pseudonym for the village where I carried out sustained ethnographic interactions, in particular with mothers, NGO fieldworkers and Government health workers and officials) is located under the Kolathur Block, one of the 20 blocks of the district.

### **1. 5. c. Fieldwork at Salem city**

In August 2004, I arrived in Salem city (district headquarter), after receiving some training in ethnographic-qualitative field research at the university for a year. As I had made no prior arrangements with anyone in the fieldwork area, I was left contemplating, for a while, over the course of my fieldwork; where and with whom to begin. This was also my first ever visit to a South Indian district. Everything looked strikingly unfamiliar and different from the towns and villages in North India, where I was born and raised. Being a semi-urban male, who did not speak Tamil then, meant that there were obvious constraints to my fieldwork that had to be resolved before a direct contact with the villagers and, in particular, with the women could be made. Language was as much a potential barrier for me as my gender.

The idea of doing participant-observation primarily involved the issue of securing access to the villages and people involved in the practice of female infanticide and sex selective abortion, which inevitably required me to identify ‘gate-keepers’ in the beginning of my fieldwork. As per the research proposal, one of the first things that I was expected to do in the field was to inform and seek formal consent from the district administration for my research and safety. When I tried to do so, I was instead asked to secure a formal permission to carry out my research on female infanticide in Salem district from the Chief Minister’s office in Chennai. The staple official explanation given to me was that the then Chief Minister of Tamil Nadu (Jayalalitha) needed to give her consent for carrying out any research on female

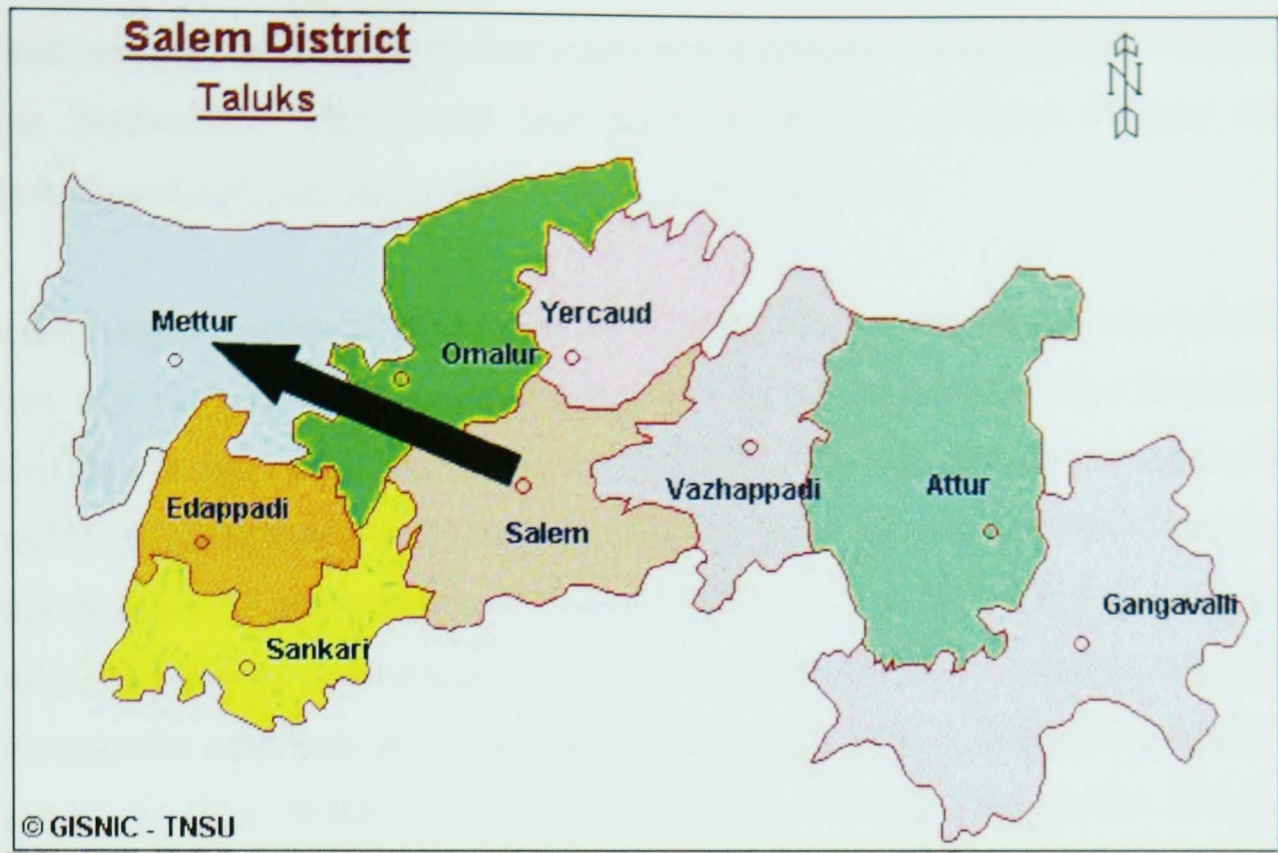
infanticide. This was, in fact, an unofficial pronouncement, but nonetheless maintained strongly within the official corridors. I later learnt from meeting many journalists that media-persons need no such consent to research and/or document and write on female infanticide. Even so, I managed to develop contact with a young and academically-motivated administrative officer of significant reputation and power. He not only permitted me to carry on with my research, but also introduced me to a select few other government officials who were responsible for the district's female infanticide programme. He was also among the first few people to divert my attention towards the need for researching NGOs regarding female infanticide. This was corroborated, for the most part, by the fact the Tamil Nadu government had entirely left the burden of bringing about socio-economic changes and development to the NGOs (see Sunder Rajan, 2003). As a result, NGOs had widely proliferated in areas reportedly rife with incidences of female infanticide and sex selective abortion. Such an arrangement between government and NGOs – notwithstanding the “antagonistic contentions over governmental relations” (Gordon, 1991: 23) – has led NGOs to intervene and create their own sovereign boundaries with regard to those who are intervened and/or governed by these NGOs. I have discussed separately the methodological struggles of researching through NGOs in Tamil Nadu (Perwez, 2008).<sup>12</sup> Despite my short stay at Salem city, I succeeded in collecting materials on government policy and directives that will be discussed in Chapter Five.

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<sup>12</sup> The paper is attached in the Annexure V.



Map 1.B: Taluk-wise Salem District



Courtesy: <http://salem.nic.in>

Under these circumstances, the idea of locating an NGO and accompanying their fieldworkers for a period came to me as a practical step, not only as a way to move forward but also to resolve my need to locate (a) village/s suitable for ethnographic study of the sort mentioned above. I reflect on the consequences of this decision for my fieldwork in Section 1.7 below. Within a month of arriving at Salem, I approached the Welfare Centre for Women and Children (WCWC henceforth) – an NGO working on female infanticide prevention with international aid in Kolathur Block of Mettur *Taluk* in the district (I will present an ethnography of WCWC as a case study in female infanticide prevention in Chapter Seven). I was introduced to its director (a male in his early 40s) through an email, received in the field, by an academic colleague (Swedish) who had earlier hired the professional service of the organisation to carry out a small field study. The WCWC readily offered to co-operate in my fieldwork in terms of logistics such as housing, travelling, translating, and interpreting and so on. Furthermore, having understood my research plan in terms of my need to locate (a) village/s facing issues of female infanticide suitable

for a sustained ethnographic inquiry for a year or so, the WCWC enthusiastically invited me to do a fieldwork in their intervention villages. I was gradually introduced to its fieldworkers who would later take me to over a dozen villages where organisational activities on female infanticide were in place.

My impromptu encounter with the WCWC, thus, allowed me to shift my base from Salem city to a small town, Mettur Dam (I will use Mettur for short henceforth), where the WCWC office was headquartered. The town was situated in Mettur *Taluk*; some 55 kilometres west of Salem city (refer to Map 1.B on page 29). Although my initial decision to move to Mettur was a temporary one, later developments and a number of practical considerations convinced me to take up a lasting residence in Mettur for the most part of my fieldwork. First, I soon learnt about the presence of a number of other NGOs (other than WCWC), working on female infanticide prevention in neighbouring *Taluks* and Blocks (my engagement with some of them will be presented in Chapter Six). Such a great density of organisational presence around the issue of female infanticide in Salem meant that no account of female infanticide could be complete without understanding the NGO discourse on the subject. I decided to concentrate on the WCWC programmes, its fieldworkers, and other players while in action. Second, it almost came to me as an epiphany, when going through official statistics (2001 census) on the child sex ratio in Salem district I learnt that Mettur *Taluk* had been classified as one of the two *Taluks* which had the lowest female child sex ratio in the district. Third, within a few weeks of my stay at Mettur, the WCWC began to intensify its activities on female infanticide by extending its programme to a few Blocks of adjoining districts of Dharmapuri and Erode. By the time I had completed my fieldwork, the WCWC had extended its activity coverage from merely one to five Blocks which included one Block each in the neighbouring districts of Dharmapuri and Erode. This upscaling took place partly in response to its funding agency's requirements and partly as a result of its collaboration with the Government Health and Administrative departments in the other blocks. There could have been no better ethnographic site than this to observe. It was in this context that I went out in those districts using techniques of multi-sited ethnography to explore and document the NGO activities on female infanticide.

Fourth, although remotely located, Mettur was well connected to the towns of Salem, Erode, Coimbatore, Chennai, and Bangalore through public transportation (mainly buses and private cabs). Last, it was through the WCWC and its fieldworkers that I was introduced to over a dozen villages which were classified by it as ‘high risk’ villages in terms of occurrence of female infanticide and sex selective abortion. In the end, I chose Attipatti – one of the 46 revenue villages under Mettur *Taluk* – to specifically observe and conduct interviews with young women. I will return to the nature of research materials collected from Attipatti, after describing the setting of my fieldwork during my stay in Mettur. For a description of Mettur and other such geographical locations in and around Mettur, I have mainly relied on the Indian People’s Tribunal Report on Mettur (Arun *et al.*, 2005), community website of Mettur (<http://www.mettur.com/about.html>) and Wikipedia ([http://en.wikipedia.org/wiki/Mettur\\_Dam](http://en.wikipedia.org/wiki/Mettur_Dam)), in addition to the local accounts of the people.

#### **1. 5. d. Description of Mettur**

As noted above, Mettur is one of the 9 *Taluks* of the district. It also hosts a small town called Mettur Dam, on account of its location on a dam, which is constructed over the river Kaveri (or Cauvery). The river Kaveri flows from neighbouring state of Karnataka and enters the plains of Mettur through the western part of Salem district. “The dam is one of the oldest multipurpose projects in India with a command area of 130,000 hectares and can generate up to 40 megawatts of electricity...the Mettur Tunnel powerhouse adds 200 megawatts and provides irrigation facilities not only to its neighbouring villages (in Salem district) but also to the districts of Tiruchirapalli and Tanjavur” (Arun *et al.*, 2005: 6).

The river has special significance for the people of Mettur, not only because it hosts one of the earliest dams in the country, but also because the river Kaveri prominently figures in the religious beliefs and local mythologies as a holy river (Arun *et al.*, 2005: 6). In the recent past, Mettur has been in the centre of political struggle between Tamil Nadu and Karnataka in relation to water disputes over the flow of

Kaveri. “Consequent to building dams [across Kaveri in Karnataka], including the Kabini Dam, the Mettur Dam does not receive adequate water during lean seasons. Thus, the dam goes nearly dry during certain parts of the year, when water is most needed by the farmers and general public of Tamil Nadu” ([http://en.wikipedia.org/w/index.php?title=Mettur\\_Dam&oldid=242573562](http://en.wikipedia.org/w/index.php?title=Mettur_Dam&oldid=242573562) last accessed on January 23, 2009). “Tamil Nadu has alleged that, in spite of the Supreme Court verdict, the Government of Karnataka refuses to release sufficient water for the Mettur Dam or the lower riparian areas”. Subsequent to this, “the Indian Central Government has created the Kaveri Water Disputes Tribunal to solve the problem; but little progress has been made” (<http://www.nationmaster.com/encyclopedia/Mettur-Dam> last accessed on January 23, 2009). A recent report of the Kaveri Water Disputes Tribunal, however, observed: “the grievance of Tamil Nadu broadly was that not only the total volume of water from Karnataka for flowing down to Mettur Dam was becoming less and less, but also the said releases were not being made timely to meet the need of cultivation of crops, particularly in the Cauvery delta of Tamil Nadu” (report available at <http://wrmin.nic.in/writereaddata/linkimages/Volume-I1920752696.pdf> last accessed on January 23, 2009).<sup>13</sup>

Even though the dam is hardly considered a source of agricultural prosperity in terms of irrigation for the inhabitants of a number of Mettur villages located on the western side of the Dam (including the study village Attipatti), due to its off-route location from the dam, it remains a great source of pride and joy for these villagers. During the months of June-September, when the water level increases, people flock in large numbers to celebrate and welcome the onset of the rainy season. Today, people in the area commonly recall that Mettur used to be primarily an agricultural town “with all its flora and fauna made fertile by river Kaveri”, until heavy industries were set up and flourished in great number in the post-independence period, until the negative impact brought about by heavy industrialization polluted the air, water and soil (Arun *et al.*, 2005: ii). On the one hand, the Tamil Nadu government represents Mettur as

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<sup>13</sup> For a history and other details of the dispute, see Kaveri River Water Dispute (2007) in *Wikipedia, The Free Encyclopedia*, retrieved August 21, 2007, from [http://en.wikipedia.org/w/index.php?title=Kaveri\\_River\\_Water\\_Dispute&oldid=260938061](http://en.wikipedia.org/w/index.php?title=Kaveri_River_Water_Dispute&oldid=260938061).

one of scenic, tourist and natural habitats, on the other hand, those living in villages and towns lament the scarcity of rainfall in the area and ascribe this lack to the setting up of heavy industries in Mettur (see Arun *et al.*, 2005 for a documentation of people's grievances on industries in Mettur).

### **1. 5. e. Fieldwork at Mettur: Travelling with the WCWC Programme**

My fieldwork at Mettur largely involved travelling and following WCWC fieldworkers and its programmes as and when they moved. On the very first day of my arrival at the official premises of WCWC, its director introduced me to a few important 'pillars' referring to the fieldworkers and field supervisors under the female infanticide programme. Sunil, 30 years old, was one such pillar of the WCWC. At that time, he was the only full-time male supervisor and in-charge of the women fieldworkers and their activities in the Kolathur block, where the WCWC had been working since 1996. Kolathur block is one of 20 blocks of Salem district that administratively fall under Mettur *Taluk*. The Kolathur block had received the maximum concentration of the programmed activities, because of it being an autochthonous block of the WCWC activities on female infanticide.

Sunil, with a post-graduate degree in rural management from one of the premier institutes in Tamil Nadu, was one of the few WCWC staff who could communicate in English language. He was, therefore, assigned by the director to take me around and introduce me to some of the villages where the female infanticide programme has been at work – primarily in response to my wish to see the landscape of these villages. For the first few weeks, Sunil and I would leave on his two-wheeler (a TVS moped) early in the morning and return by late evening, having travelled around 50 miles or more everyday. In the beginning, he would take me to only those villages where he had been instructed to go by the WCWC director. These villages generally have some incidences of suspected and/or confirmed female infanticide along with an impressive number of SHGs, active fieldworkers, and overall a good rapport with the government officials. Initially, I was introduced to these people as a researcher who, besides interested in learning Tamil language, was also keen to learn about the

village social life, health system, and the women's position in it. I ought to mention here that my specific interest in studying female infanticide was purposively withheld from the villagers as a result of my earliest consultation with the WCWC director on this matter. He feared that my introduction to the villagers as the one who has come to study exclusively female infanticide could be potentially damaging to both the WCWC and my fieldwork. He suggested that I myself might be able to express this particular interest once my presence was accepted by the villagers. However, my interest in studying female infanticide was made clear to all the WCWC staff and to the government officials, local politicians, and the media to whom I was introduced during the various meetings, processions, and seminars. How I managed to interview some of these mothers will be explained in the methods of data collection section.

Sunil and I were of a similar age and belonged to the group of 'unmarried' lads. Hence, we were able to win each other's confidence very soon. Of course, the building of trust among us also had to do with the fact that we spent most of the day interacting on matters of common interests as 'fieldworkers'. Moreover, on our way to the village we would sometime stop at Kolathur town (located mid-way between the WCWC office and its villages) to share a cigarette over tea and snacks, which smoothed this association. Through this arrangement, I was also introduced to a number of other WCWC fieldworkers, who would often stop at Kolathur town to exchange *Vanakkam* (Tamil way of greeting), on the way to their allotted villages. With Sunil's generous co-operation, I developed a close rapport with some of these fieldworkers who would later take me to their respective villages. It did not take me long to realise that Sunil was indeed the strongest 'pillar' of the WCWC, in terms of the NGO's contact with the villagers. His honesty, simplicity, and complete dedication to his work earned him the utmost respect and a high degree of trust from the villagers, as opposed to the other functionaries of the WCWC whose presence was not appreciated much by the villagers. To a large extent, his already consolidated acceptance among the villagers facilitated my smooth and unrestricted entry into Attipatti, where I later took up residence to continue my ethnographic interactions, in particular with the young mothers. Sunil, therefore, did not only become a key-



informant but a good friend as well. It was his friendship that helped me develop a sort of familial bond with Parimala and her family that lasts until today.

Parimala, aged 35, was then a part-time WCWC fieldworker, responsible for monitoring female infanticide related activities among other things like SHG formation in Attipatti, her native village. She had earlier worked as an animator of the SHG, and now was largely entrusted with supervisory tasks along with Sunil. She, like Sunil, was one of the most committed fieldworkers of WCWC. Part of her commitment was made understandable by the fact that her own mother was once involved in committing female infanticide, which Parimala did not appreciate. Moreover, since her husband had deserted her some nine years ago for another woman, she, and her 14 years old son, had come to live with her parents in Attipatti. She specifically helped me in understanding the WCWC programmes, besides leading me to some of the families in Attipatti, who were known to have or accused of having committed female infanticide. It was, thus, in the company of Sunil, Parimala and her other family members that I learnt a great deal about the WCWC programme on female infanticide.

Besides travelling with Sunil and other WCWC fieldworkers, I also participated in several other activities of the WCWC. This included participating in Female Infanticide Review Meetings (every month), in the formation of Female Infanticide Block Level Monitoring Committees (in collaboration with government officials), and in public events organised from time to time like Women's Day, Cycle Rally Day, and other such sensitisation programmes organised by the WCWC. On many occasions, I was also invited to travel with its director and project co-ordinators to meetings, training programmes, and workshops at Salem, Coimbatore, Chennai and Bangalore. This particularly helped me in locating and interacting with other NGOs working on female infanticide (I will discuss my ethnographic engagement with some of them in Chapter Six). Additionally, this time period also involved some efforts in collecting local materials such as pamphlets, newspaper clippings, books and novels, etc. on the subject of female infanticide through regular visits to institutions such as research centres, libraries, and documentation offices.

## **1. 5. f. Why Attipatti?**

My decision to move to Attipatti was guided by some important considerations. First, Attipatti was at the centre of the WCWC discussions in terms of a 'higher' prevalence of female infanticide. Second, the village had a mixed-caste population. Third, with Mettur (and the WCWC) only 20 kilometres away, the village was easily accessible by public transport. In fact, it became even more convenient when the WCWC director kindly lent me a spare two-wheeler to use for my travel during the fieldwork. So it was practical for me to visit the WCWC premises and observe their activities as and when they happened. Fourth, Attipatti had a far greater number of WCWC women fieldworkers (including part-timers) than other villages. Finally, after travelling with WCWC fieldworkers for over three months, I realized that I needed to see beyond what they wanted me to see and observe for myself. Moreover, to some extent, my learning of Tamil language was compromised by the fact that my WCWC friends and the fieldworkers would often break into English when they found it difficult for me to converse in Tamil. I realised that a village with only Tamil speakers would be an ideal place to improve my language skills. More importantly, the shift was also timely considering the fact that people in the village began to view my association with WCWC sceptically; there were some in the village who did not appreciate the NGO presence in their village. I, thus, decided to take up my residence in Attipatti in late January 2005 and stayed there until August 2005, where I succeeded in making some friends and meeting key-informants independently.

### ***Locating Attipatti***

Attipatti is one of the revenue villages of the Kolathur block, situated some 65 kilometres west of the Salem city in the Salem district of Tamil Nadu. Attipatti, as a *Panchayat* village, consists of five small villages, and a few hamlets which are mainly inhabited by Scheduled Caste groups. All villages of Attipatti *Panchayat* are scattered across the 5-10 kilometres stretch of road from the Kolathur block, which was located at a distance of 10 kilometres from Mettur. Kolathur block, in which Attipatti is situated, runs parallel to the Sathyamangalam forest reserve before it



merges in the forest path-way to uphill – a restricted forest reserve area. According to descriptions in Wikipedia: “it [the forest reserve area] is contiguous with the Biligirirangan Temple Wildlife Sanctuary to the north in neighbouring Chamarajanagar district of Karnataka, and together forms a vital corridor for faunal movement, mainly elephants. The Sathyamangalam forest is a tropical dry forest, part of the South Deccan plateau dry deciduous forest eco-region, which includes thorn forest, dry deciduous forest, and tropical hill forest”.

([http://en.wikipedia.org/wiki/Sathyamangalam#Sathyamangalam\\_forest](http://en.wikipedia.org/wiki/Sathyamangalam#Sathyamangalam_forest) last accessed on August 21, 2007). Below the tropical hill forest lie the villages of Attipatti.

The river Kaveri flows some 10-20 kilometres further away on the eastern side of these villages along the banks of Mettur. Despite the presence of one of the largest river basins, Attipatti and other nearby villages are locally considered a dry-zone or ‘rain shadow area’. This is also because of its leeward location on the Western Ghats.<sup>14</sup> Most of the rainfall takes place on the other side of the hills in Kerala and Karnataka. Therefore, most of the water for agriculture is generated by either tank irrigation or from the annual rainfall that flows through the hills downwards and forms a temporary lake. In Attipatti, this had not happened for the last three years due to an inadequate rainfall pattern. During my stay in Attipatti, a water tank reservoir and a pipeline was under construction to channel water from the Mettur Dam.

### ***People and Ethnicity***

According to the Census of India (2001) results, there were 1,741 households in Attipatti inhabited by 6,157 people 3,245 of whom were males and 2,912 females. The sex ratio of Attipatti was thus calculated at 897 females per 1000 males. With regard to 0-6 age population composition, the Census data revealed 369 boys as opposed to only 253 girls, giving a child sex ratio of 686 females per 1000 males (see

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<sup>14</sup> The Western Ghats, also called Sahyadri Mountains, are a mountain range in the west of India, which run north to south, through the states of Maharashtra, Goa, Karnataka, Tamil Nadu and Kerala ending at Kanyakumari, the southern tip of the Indian peninsula (<http://en.wikipedia.org/w/index.php?oldid=264977151> last accessed on August 21, 2007).

Chapter Eight for the village census statistics). The Scheduled Caste population of the village stands at 792 people with 394 males as against 398 females, giving a sex ratio of 1010 females per 1000 males. Their sex ratio appears to be far better than the over all sex ratio of the village.

There are five major social groups across the five villages and hamlets in Attipatti. They are referred to as Gounder, Vanniyar, Lambadi, Malaywali and Dalit. These villages are broadly segregated and inhabited along caste lines. The village with the most fertile and vast stretches of cultivable land is mainly inhabited by the Gounders. They are easily identifiable by the fact that they generally build their houses in the middle of agricultural land. The village next in importance in terms of land and other infrastructures such as proximity to a market, health centre, schools and government office is mainly occupied by the Vanniyar caste. Although placed next to Gounders in social hierarchy, the Vanniyars have recently come to own more land than Gounders due to the out-migration of Gounders in the recent past. As a result, they figure in majority in two of the villages. The Lambadi caste occupies the central village of Attipatti *Panchayat*, which hosts the administrative offices of the *Panchayat*, besides hosting the health and other government offices. The Lambadis are believed to have migrated almost a hundred years ago from the north Indian state of Rajasthan. Some say that they must have had come from Andhra Pradesh where their counterparts are called Lambadas. In Andhra, they are classified under the status of Scheduled Tribe as opposed to Lambadis in Tamil Nadu, who are classified under the Backward Caste. The word 'Malaywali' literally means resident of the hills. Accordingly, the Malaywalis are popularly believed to have migrated down from the hills of Sathyamangalam forest, in search of food and livelihood. They have come to inhabit the village lying in the foothills of the Sathyamangalam forest. Attipatti comes to an end here and a further path leads either into the forest or on to the hills. Consequently, this is where the public transport and the metalled road comes to an end as well. The Dalits (variously referred to as a sub-caste of Cherries, Chakalis or Arundhatiars) have occupied small hamlets, also called colonies, which

are situated outside each of these villages.<sup>15</sup> Hence, there are at least five Dalit settlements in Attipatti. In recent years, some of them have settled into new colonies recently built by the Tamil Nadu government under the centrally sponsored housing scheme (called *Indira Awaas Yojna*). All these newly built houses are again outside the main villages. The segregation of Attipatti along caste, work, and settlement lines somewhat reinforces what has been prevalent in Tamil Nadu for a long time (Beteille, 1966).

### ***Social Hierarchy***

Tamil society has been primarily “organised in a three-tier caste system”, with Brahmins/Aiyyars and Gounders (the former being the priest, while the latter is a landowning caste) occupying the upper tier, Vanniyars (small land owning caste) located in the middle tier, and the Dalits (formerly ‘untouchable’ castes but today landless and agricultural workers) situated at the bottom (Mahalingam, 2003: 738). Perhaps, realising this essential character of social division, the government in Tamil Nadu further endorsed this view point by classifying all such groups locally into a Forward Caste (FC henceforth), Backward Caste (BC henceforth), Most Backward Caste (MBC henceforth), Scheduled Caste (SC henceforth) and Scheduled Tribe (ST henceforth).<sup>16</sup> Gounder and Lambadi are classified under BC, Vanniyar under MBC, Dalits, i.e. Cherry, Chakali and Arundhatiar under SC, and Malaywali under ST; there are no FCs like Aiyyars or Brahmins in Attipatti. To outsiders, these groups are mostly referred to by their reservation status, e.g. Vanniyars are referred to as MBCs.

In terms of social hierarchy in Attipatti, Gounders (also called Konku/Vellalas in the southern part of the state) are considered to have occupied the uppermost strata due to their economic and ritual superiority. They are considered, by those low in social hierarchy, akin to Aiyyars or Brahmins. Not surprisingly then, most of the high-caste rituals flow from the Gounders in the absence of Aiyyars in the area. From the narratives of many old Dalits, the Gounders are, however, still considered outsiders

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<sup>15</sup> Arundhatiars, who are one of the most socially disadvantaged and marginalised even within the Dalits, are known differently in different parts of the state. In Attipatti, they are most commonly referred to either as Chakalis or Cherries (on account of their living in cherries/hemlets).

<sup>16</sup> The reservation policy for jobs and education was initiated by *Dravida Munnetra Kazhagam* (DMK henceforth) – a ‘backward’ caste party which came to power in 1967 (Mahalingam, 2003: 738-39).

to their villages. They came from *vellinad* (outside land) before India's independence in 1947, roughly around the time when the Mettur Dam was under construction. They took to large scale agriculture by forcibly occupying the land of the local people. Now they supervise agricultural operations and they have their income through sale of the agricultural produce. A lot of them have also migrated to cities in the pursuit of education and government jobs.

Vanniyars have long suffered from a systematic denial of opportunities for social mobility and inclusion and thus, came to be designated as 'most backward' castes by the Tamil Nadu government. In recent years, they have increasingly challenged the Gounder's dominant position in the village social life (of Attipatti) by acquiring land and power through political mobilisation. Such a change finds its roots in the history of agitational politics in Tamil Nadu, which eventually saw the emergence of *Vanniyar Sangam* in 1980, which later became *Pattali Makkal Katchi* (Working Peoples Party – PMK henceforth) in 1989. PMK advocated meaningful and effective reservation for Vanniyars as MBCs (Viswanathan, 2004). They no longer consider themselves as inferior to Gounders and have increasingly emulated the Gounder way of life, as can be seen in matters relating to birth, death, puberty, marriage and other social and family ceremonies and functions (see Chapters Two and Three). This trend also partly stems from the fact that in post Independence India, a considerable numbers of Gounders have abandoned village life for the sake of better opportunities of education and jobs in cities. In other words, *Sanskritisation* – a process by which lower castes emulate the rituals and practices of dominant castes in order to seek upward mobility – had been at work in Attipatti too (see Srinivas, 1952; also see Karve, 1953; Marriott, 1968 for a critique).

Among all castes in Attipatti and elsewhere in Tamil Nadu, Lambadis are perhaps the only group which have a non-Dravidian (Lambadi) language as their mother tongue; however, they also speak Tamil fluently. Lambadis are considered socially and economically MBC, but they are classified as BC in Tamil Nadu. This was different from the ST status that has been given to their fellow Lambadis in other Indian states. The issue of restoring and granting ST status to Lambadis had been

debated in the parliament (during the 12th Lok Sabha Debates, Winter Session III on 16<sup>th</sup> December, 1998) and is still under consideration. The major problem of granting a new status to Lambadis stems from the confusion viz. who they are, where they have come from and what do they do for living. The representation of Lambadis in public has always been problematic and is based on prejudices and assumption. I encountered one such representation of Lambadis by the popular press, reported a year before I met them. In 2003, Lambadis had made the headline news due to the decision of the Special Task Force (STF henceforth) to involve Lambadis in capturing the forest brigand, (late) Veerappan. To capture the bandit, the STF of Tamil Nadu and Karnataka had decided to seek the support of Lambadis, who were described as “nomads, who enter jungles for collecting minor forest produce” (*The Hindu*, February 7, 2003). Whereas, the Lambadis I met, lived with, and came to know over the year, do not fit this representation. They are settled in Attipatti, with a significant number having land of their own. Many of them are increasingly becoming educated and obtaining jobs in nearby towns, in fields as diverse as engineering, information technology, teaching, stitching, mechanics etc. A good number of young Lambadis have chosen to become truck and bus drivers, with the government and private transport services, with a regular and paid income. Impressive enough to change one’s point of view, the President of the Attipatti *Panchayat*, during my fieldwork, was a Lambadi man. Nearly all Lambadi women in the village work as *coolies* (agricultural labourers). Some of them, of course, do occasionally enter the adjoining jungle to fetch forest wood, largely for making bamboo rooftops in order to sell or use it as household cooking fuel. While communicating with a fellow Lambadi, they speak the Lambadi language which is a mixture of Rajasthani, Marathi and Tamil; although there is no written script for Lambadi.

Though Lambadis belong to BC group, they are hardly treated as equal to Gounders who are also classified as BC. Many Gounders viciously resist Lambadi presence in their households and on the land as well. Until a few decades ago, by rule, all Lambadis were required to work on Gounders’ lands. They (particularly men) now no longer work on Gounders’ land, as most of them have acquired their own land or

have moved into other services. As a result of their outward travel to the states of Gujarat, Madhya Pradesh and Delhi, many of them have been exposed to the values of big cities and towns and have consequently introduced the same in their own villages. The WCWC had often expressed the concern that the increasing incidence of AIDS in the villages might be an effect of the truck drivers' vulnerability to sex-workers on highways; but no prevention programme has been initiated as yet.

Politically, the community identifies with the Jayalalitha-led All India *Anna Dravida Munnetra Kazhagam* (AIADMK henceforth) and has benefited from it in the past. From the perspective of rituals and practices, they are increasingly giving up their tribal and non-standard Tamil Hindu practices and instead adopting a way of performing rites and rituals, including birth, marriage and death ceremonies, comparable to that of Gounders. In a nutshell, they do make a competing claim for Gounders' social status much as the Vanniyars do.

Malaywalis, though classified as ST, are hardly a tribal group; in practice, they are referred to as a caste. Having come down from the hills and settled in the plains many decades ago, they resemble the Vanniyars and Lambadis more than some of the tribal groups popularly invoked in imagination. They, along with Lambadis, are increasingly occupying land, as well as moving to cities for service-based jobs. A lot of them have joined the transport, weaving, tailoring, and fishing industries. They are increasingly acquiring social and economic mobility and thus constitute an important group in Attipatti.

On the lowest stratum is the Dalit caste group, publicly referred to as SCs. Theoretically, they are still out-caste as can be seen from their peripheral residences in the village, but they are mixed with Lambadis, Vanniyars, and Malaywalis. Dumont's (1970) notion of maintaining caste hierarchy through ritual pollution and purity hardly seems to be internalised by these Dalits. They are a very affirmative and confrontational group in the village. They can hardly be termed as a passive group given their increasing involvement along political and economic lines. There has been strong out-migration from among these communities, in search of education

and jobs. A strong presence of a Periyar youth group means that their grievances are increasingly voiced. Until recently, the tea-stalls in the village and in the nearby areas were maintaining 'two-tumbler system' (one tumbler for Dalits and one for the rest). Due to an increased mobilisation and a serious attempt to eradicate, on the part of Periyar and other SC group activities, such a discriminatory practice has ended.

## **1. 6. Methods of Data Collection**

My research methods, though oriented to the ethnographic tradition and relying on participant observation, varied between the different sites of research. In Mettur and Salem city, I mainly relied on participant observation, by using unstructured and informal conversation as the instrument of data collection. I wrote down most of these conversations in a diary on an everyday basis as field notes. Some of these talks were translated into narratives and semi-structured discussions right in the field and some were later recalled and reconstructed with the help of my research associate over telephone. With regard to NGO observation, I again used a field-diary in order to document everyday activities of the NGO along with my reflection. In Attipatti, my instruments of data collection were semi-structured interviews, which were translated from the written notes by Viji and me the same day, and Focussed Group Discussions (FGDs henceforth), which were tape-recorded and transcribed later in the fieldwork. Accordingly, I indicate these sources as 'field notes', 'reconstruction from field notes' and 'FGDs' for the ethnographic presentation of my data. I also collected documents, research papers, and statistics from the hospital, government offices, NGO offices and various libraries (most of these will be specifically explored in Chapters Five, Six, and Seven). The translation and interpretation from Tamil to English, wherever required, was facilitated by my female research associate as well as by a few WCWC staff. Later, I cross checked the translated data with my urban Tamil-speaking acquaintances, who were familiar with the village vocabulary.

In Attipatti, as indicated above, I conducted semi-structured interviews with young mothers, which were transcribed regularly with the help of my research associate. I

also tape recorded a few focussed group discussions. I am immensely indebted to Viji Florence for her brilliant assistance during my fieldwork. Though she formally worked with me for a period of nine months during the fieldwork, she continued to assist me in the post-fieldwork research, by clarifying and providing relevant information from time to time. Her contribution to my fieldwork has been outstanding given the fact that she was a science post-graduate in bio-chemistry, who knew very little about female infanticide initially. When I first met her, I was a little disappointed to learn about her background in science. I was hoping to get assistance from someone who had some background in social sciences. When I expressed my concern to her, she suggested that I might want to hire her for a few weeks initially in order to decide if she was capable of doing the job. Having had two unsuccessful research associates thus far, I decided to hire her. In the beginning, she mostly travelled from Mettur to Attipatti on an everyday basis. Later, she developed a close friendship with one of the families in the village who offered to host her, as and when it was required. Once in the field, she was shocked to learn about the problems that women in the village faced (for she had lived mostly in Chennai for her higher education). Her ignorance soon grew into a moral and philosophical quest for knowing more about these women's life. Soon, her quest for learning about women in her own society proved to be an invaluable assistance, not only in terms of asking appropriate questions but also in analysing and commenting on the specific cultural meanings and practices. Since she completely lacked a skill in social science research, the initial few weeks were spent in training her. The initial training mainly involved explaining the aims and objectives of my research inquiry, in particular, its ethics and responsibilities. Next, Viji and I conducted a number of 'mock' interviews with randomly selected women in the village, in order to prepare ourselves for the projected interviews that we did later. Besides helping me in conducting interviews, she also travelled extensively with me and participated in events and programmes consistently.

Since my return from the fieldwork, many people have asked me how *I* (being a non-Tamil male) could interview *them* (Tamil females). An honest answer would require me to admit the gap that Viji had so successfully bridged. Her socio-cultural identity



as a Tamil female synchronized my own identity as a non-Tamil male (where it did not work positively) to a significant extent, while interacting with Tamil women.

Intensive interviews with young mothers were, therefore, made possible by the commendable efforts put in by Viji. The other person who helped me equally in carrying out interviews was my key-informant in the village and the WCWC fieldworker, Parimala. While Parimala specifically helped me catalogue these mothers and cross-checked their details with the Village Health Nurse (VHN henceforth) records, Viji, after being trained by me in conducting focussed interviews, spent considerable time in befriending and winning the confidence of these young mothers, before I was brought in to formally conduct the interviews. This process began in January 2005 and successfully ended in September 2005.

In the first stage, with the combined efforts of Viji and Parimala, I located 32 mothers from across the five sub-villages of Attipatti, who had been accused of having committed female infanticide and/or sex selective abortion at some point in the last decade or so; only one mother (whose accounts began this thesis) committed the act in the early 1970s. I decided to interview only those mothers who had been accused within the last five years, i.e., between 2000 and 2005, for two reasons. First, there was more consolidated information available with regard to the mothers who had committed the offence in the last five years than those who had committed earlier than that. Moreover, it was not practicable to interview all of them as some of the latter mothers had left the village since then. Two, by restricting my study to the cases of female infanticide within the last five years, I anticipated the feasibility of documenting these mother's voices in relation to the WCWC-initiated actions against female infanticide since 2000. These considerations, thus, procured me a list of 16 young mothers, who were accused (by both the WCWC fieldworkers and the VHN) of committing female infanticide and/or sex selective abortion. These mothers happened to be drawn from all the five caste groups resident in the village, suggesting the widespread nature of female infanticide in Attipatti. Here, I did not overlook the risk of collecting ready-made answers by these mothers since some of them have already been interviewed – some of them several times – by WCWC

fieldworkers and the VHN. However, unlike the WCWC fieldworkers and the VHN, I was interested in understanding a wider frame of reference for female infanticide than just the act. I collected data in the following manner.

In the second stage, I developed a semi-structured schedule to guide our interaction with these mothers. The schedule had three sections; one, a statistical section on the household focussing on its membership, caste and religious status, economic activities, land and livestock, and consumption pattern; two, a reproductive history of mothers covering their puberty experience, age at marriage, type of marriage (kin or non-kin), dowry, pregnancies and their outcome by sex, child-spacing and lactation, stillbirths and deaths, and abortion and family planning; and three, an awareness section on the government and WCWC-led programmes and policies for the welfare of women and children.<sup>17</sup> There were no direct questions on female infanticide and sex selective abortions in the schedule. We talked to these mothers without making female infanticide and sex selective abortion the obvious reason for the conversation. We interviewed these mothers as anyone interested in reproductive healthcare would do. However, given the propinquity of questions being asked in relation to maternity histories covering their pregnancies and their outcome by sex, a few mothers opened themselves on the issue and we picked up the specific discussion from that. The second important lead in to a discussion on female infanticide was provided by a discussion on how women perceived the presence of the WCWC and government health workers in their village. The major difference between the two leads was visible in the outcome. In the former, a few mothers talked about their own circumstances of killing a newborn or terminating a female foetus, whereas in the latter, most mothers distanced themselves by discussing the issue in relation to others committing the offence.

It would be wrong to conclude that these mothers remained oblivious of our interest in understanding female infanticide. Under the circumstances in which we expressed our intention to interview these mothers broadly on the social problems that they

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<sup>17</sup> The preparation of the second section was partially guided by a reading of “maternity history” that Jeffery *et al* (1989) have used in their studies on women and childbearing in North India.

face, a few mothers anticipated it even before we started talking. Some others asked whether we had come to inquire like most others before us (pointing to not only the WCWC fieldworkers but also to occasional visits made by journalists, government officials, and the representatives from the funding agency of the WCWC). In these situations, we refrained from having any formal discussions, but spent a great deal of time and efforts in observing and winning the confidence of these mothers. Notwithstanding these concerns, no mother refused to be interviewed by us. We vowed to maintain their trust and confidence by completely anonymising the details that might lead to their identification.

Since some of these concerns were already anticipated with regard to the integrity and safety of these mothers, I decided to equally interview mothers who had never been accused of committing female infanticide.<sup>18</sup> We, therefore, simultaneously interviewed 16 matched pairs of mothers – mostly from a neighbouring household – from similar caste and age groups. They were interviewed using the schedule that we used for mothers accused of the act. This novelty in this method (invented originally for the sake of ethical and safety concerns) proved to be of wider significance for analysis than was anticipated in the beginning. First, it turned out to be the case that at least two of these mothers aborted their female foetuses, unknown to both the VHN and the WCWC fieldworker. Second, a comparison (both in statistical and rhetorical terms), of both sets of mothers produced somewhat similar discourses when it came to reproductive matters, such as choosing family size and composition in the context of preference for sons. An explicit comparison of these two sets of mothers is made in a tabular format and will be discussed in Chapter Eight.

In the third stage, I managed to bring most of these mothers together, along with a few older women randomly selected, for a group discussion on topics covering small family size, preference for sons and daughters under the small family norm, family planning, abortion, marriage practices and dowry, and their perception of the WCWC and government programmes on female infanticide. This particular discussion took

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<sup>18</sup> Viji and I anticipated that our interaction with these mothers had the potential to make them vulnerable in terms of gossip, ridicule and derision by the villagers.

place in the last few weeks of my fieldwork; a time by which I had come to understand and relate myself to village life fairly well. We documented six such discussions organised along caste line (one group discussion each for the five castes in addition to one mixed-caste group discussion). This strategy was primarily designed to identify any significant variation in the collective response of young mothers, on the issues stated above across the caste lines.

In addition to these interviews, I also conducted a small study in Mettur government hospital, besides regularly visiting a few other gynaecologists' clinics in the town. In the hospital, I talked to nurses, doctors, and a few mothers, whom Viji and I encountered outside the maternity ward. I also collected relevant documents – most importantly, data on family planning (which will be used in Chapters Two and Eight). In one such clinic in Mettur, Viji and I were kindly allowed to sit (for less than a week) and observe the women who came for pre- and post-natal care. One gynaecologist showed me the use of 'ultrasound' for sex determination and clarified my queries in the light of what women (as patients) had told me. We were also allowed to talk to some of those women, who came for post-partum care. This, at times, led to a discussion on the use of ultrasound for sex determination purposes, and how widespread it was. Despite doing productive fieldwork in this regard, these materials are minimally explored in this thesis. They will be used for further research in the future.

Such a flat account of data collection, however, does not even hint at the problems encountered in a seemingly endless pursuit of mothers for conducting interviews, unwanted interference by their curious husbands, brothers, parents, and other such onlookers, and their comments, as well as the NGO surveillance over what I was exactly doing. I have specifically discussed the problem of doing ethnographic-fieldwork and the specific modes of NGO surveillance elsewhere (Perwez, 2008, also see Annexure V). More importantly, a standstill caused twice by the unexpected withdrawal of two female research associates, proved frustrating to the extent of almost a breakdown of this particular research strategy. Another equally important challenge for me was to train and coax Viji into the kind of interviews I wanted her

to conduct. This entailed undertaking ‘mock’ interviews with a number of randomly selected young mothers in the village. Afterwards, Viji and I would sit together and reflect back on the weaknesses and strengths, relevance and appropriateness of questions being asked in the context of the over all research objectives. We did not transcribe those interviews for analytic purposes, as it would have meant an extra work load and a major deviation from the consolidated research design. Nonetheless, these interviews proved instrumental in minimising the air of suspicion and inquisitiveness from the villagers that, I anticipated, under the circumstances, might have surfaced otherwise. Finally, I was equally aware of a potential conflict that might have been caused by my identity as a male researcher investigating women’s subjects and their inner world.

## **1. 7. Ethical Considerations and Reflexivity**

In this section, I reflect on some of the ethical issues raised by my research and on the implications of my positionality for the kinds of material I was able to gather.

One of the first issues relates to the ethics of interviewing women accused of committing female infanticide. In order to protect them from any negative consequences of my attention, I have anonymised the names of these women in the thesis and the villages to which they belonged. While carrying out the research, I maintained their details in complete privacy. Since the local NGOs and the government agencies already had the names of most of these women, I was under no pressure to reveal any details to them. I also took some steps to guard these women against any possible stigmatisation that might have resulted from our interaction with them. We spent a considerable amount of time in socialising with the other members of family before making an attempt to interact with the mothers; we also approached the mother through the good offices of local key informants (preferably a female); and we carried out the same interviews with women who were not accused of infanticide in order to try to ensure that no-one would think that we were targeting only women who had been accused of infanticide.

The second concern centred on the ethics of asking women about issues that might be private, painful and emotionally disturbing. To begin with, we never asked any direct questions on the subject of female infanticide or sex selective abortion. By contrast, the media and NGO fieldworkers preferred asking a direct question to the mother on female infanticide. By only asking indirect questions, it was easy for the women to avoid the topic if they did not wish to talk about it, and we made it clear that they were completely free to terminate the interview at any time. I did not explicitly present my research design to these women, though I did to the NGOs, government agencies and the academic fraternity.

Since I was interested in exploring the wider context of female infanticide, I needed to maintain a focus on the everyday activities and specific reproductive health issues of these women, and this is how I explained my research to them. However, asking specific questions on, for example, reasons for having a small family in relation to pregnancy histories and their outcome by sex eventually led some women to enter into a discussion on infanticide and abortion. In cases where women either talked about their own experiences or those of the others, we refrained from asking any pressing questions or suggesting alternative courses of action – which is what activists do.<sup>19</sup> We did secure their consent verbally, prior to conducting interviews, by explaining that all information would contribute to writing my PhD thesis and that their details would be anonymised.

The issue of asking only indirect questions on the main topic of my research raises the problem of concealment and disclosure. Was I working with a ‘cover’ story, or did I use ‘deception’? Should I have had a formal disclosure for these women by declaring female infanticide as my main interest of research, even though I was primarily interested in exploring the wider contexts of female infanticide?

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<sup>19</sup> An exception to this was when Viji and I were shocked to notice the striking absence of maternal affection in a mother who was too keen to surrender her newborn female baby under the adoption scheme. We made some attempts to restrain her from surrendering her newborn baby. See further in Chapter Five.

The use of covert methods in social research is a contentious issue. Those who advocate it contend that certain form of deception or what some have called 'social lies' are part of everyday interaction and rapport building in the fieldwork and not ethically problematic (see Lugosi, 2006 for a review of debate on the issue). For them, the ethical concern is to avoid any infringement on individual rights (Shils, 1982) and psychological stress (Bok, 1986) of the informants. In my case, public disclosure that my research was on female infanticide might have generated a hostile response, and a set of stereotyped answers, given the activities of the NGOs and the media on the topic in the past 15 years or so.

On the other hand, I might appear to be carrying an ambiguous and concealed identity in the field. Here I would argue that an ambiguous identity is an inevitable feature of ethnographic fieldwork (Lugosi, 2006). My fieldwork – like those of most if not all ethnographers – involved occasional concealment and selective disclosure. On other aspects of my identity and purpose I always answered as fully and as honestly as possible – for example with respect to my status as a PhD student. I also do not believe that my strategy increased the emotional effects of my work on these mothers. I took conscious steps to reduce the possibility of emotional upset as a result of my interviewing them (and I was successful to a very large extent; see further in Chapter Eight). I was also guided by the prospect of scholarly benefit that will follow from less focussed research on this subject. As I argue in Chapter Eight, most accounts of female infanticide are replete either with an over-prediction of the agency of women, after a direct questioning of mothers, or with rhetoric that undermines their agency. Wherever possible I have tried to let the data speak for themselves, giving hitherto unheard voice to these mothers.

I did consider taking a position of making public my particular interest in studying female infanticide. A fellow anthropologist in India, during the fieldwork, emphasised the value of transparency and honesty in anthropological research, and suggested that I ought to disclose my specific interest to the women even if they then refused to talk on the subject. I had begun to speculate on how to frame my research interest for these women when a particular incident forced me to choose an alternate

strategy. In March 2005, I was invited to attend the Women's Day celebration as a guest of honour, organised by the local NGO, in which a few politicians were invited as guest speakers. While talking on violence against women in the form of female infanticide, a Tamil woman politician warned the female audience (in Tamil) that as long as they continue to commit female infanticide, researchers from foreign lands (*vellinad*) would keep visiting the area. I became upset when Viji and others explained to me that this was an indirect remark on my presence (even though the politician had no idea of my specific research interests other than knowing that I was interested in gender and health issues). According to them, this was a common threat from a politician who wanted to make her presence felt and emerge as a champion of the cause (of preventing female infanticide). I was upset because such a remark threw into stark relief the hostile political and social environment in which public debates on female infanticide were framed in the area. Another example can be gauged at by looking at the placard that was displayed during the Women's Day celebration (see Annexure VII). This placard showed five females (available) for ten males and the message delivered by the NGO representative in his speech was: soon there would be no girls to marry in the area and men may have to share their women with others in marriage, hence, people should stop committing female infanticide.

Even though there were very few women from my study village attending the function, I realised that framing my research activities exclusively in terms of female infanticide may severely jeopardise both my already established relationships with the villagers and existing social equilibrium. On reflecting back, I do think that by choosing not to make female infanticide as my narrowly defined area of inquiry, I am able to provide a wider frame of reference on the subject, without causing my respondents harm or upset.

Having reflected on the ethics of interviewing women, I now want to reflect on the ethics of working so closely with NGO fieldworkers. As mentioned above, WCWC readily offered to help me conduct fieldwork in their intervention area by immediately assigning me to a few fieldworkers, who subsequently introduced me to some others. As my fieldwork progressed and my interaction with these fieldworkers



grew deeper, some of them became very good friends. Some took pride in interacting with me; others did it out of a sense of professional obligation. These fieldworkers not only shared their time and resources explaining and demonstrating their area of expertise and work, but also shared their personal problems with me. Some also shared their understanding of the topic of my research. In return, I vowed to maintain their privacy and safety by completely anonymising their names including the name of the NGO director, who listened to my sceptical views on some aspects of NGO work (and even offered me a job in his NGO after my PhD). Neither the WCWC nor the other NGOs whose accounts I have presented in Chapter Six asked for anonymity. On the contrary, most NGO heads expressed their desire to showcase their activities on female infanticide (ostensibly to compete for wider funding opportunities). An example of this is where the WCWC director accepted my invitation to jointly author a research poster on the WCWC intervention on female infanticide as a case study in order to showcase the organisation's work to an international audience (see Annexure VI). Another NGO director invited me to study their programmes. Having mistaken me for a funding representative from the Ford Foundation, the NGO director remarked that I should be making strong recommendations in my report for funding their NGO.<sup>20</sup> I made no attempt, therefore, to hide the names of these NGOs in the thesis, except for anonymising the identities of individual fieldworkers.

Despite anonymising their names, I am aware that it is possible to identify some of them, especially those in higher posts. Here I ought to make clear that I do not intend to criticise NGO fieldworkers or even individual NGOs, rather to provide a holistic account of the processes and practices of NGO work in order to generate a critical understanding of female infanticide. My research has, however, revealed the WCWC processes of control and surveillance over its subjects. My intention here was to highlight varied actions, strategies, routinised practices, and processes through which NGOs create and maintain their sovereign-territorial boundaries (Fisher, 1997). Nonetheless, I explicitly secured the verbal consent of those fieldworkers whose accounts I have discussed in this thesis. In addition, I intend to further protect them

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<sup>20</sup> No account of this NGO is included in this thesis for lack of sufficient material.

from a possible harm by requesting the university to put a bar on people accessing the thesis for two years or until I have devised an alternate strategy for the NGO anonymisation in the publication of this thesis. This will, of course, be based on the feedback of a presentation of my findings and interpretation to WCWC Director. Based on the feedback, I might even completely anonymise the fieldwork area.

With the phenomenal increase in the number and practices of NGOs, the challenge for researchers in the field lies in understanding their own boundaries as well as the boundaries constituted by the NGOs. In other words, not accepting the assistance of the NGO could have left me in an apparently confrontational relationship with them. By engaging with their techniques of gate-keeping and surveillance, and reflecting on its effects on my fieldwork, I attempted to avoid possible conflicts. But WCWC also offered me three specific forms of organisational co-operation which I later realised were developing into an instrument of control, authority and surveillance over my fieldwork. This included assigning a fieldworker for my visits to the villages, ensuring my scheduled participation in selective public meetings within and outside the WCWC, and gradually coaxing me into an everyday day discussion on my fieldwork activities. Such forms of organisational cooperation, which lasted for over three months, resulted in some conflict in terms of my later research in the village. Until then, I had been travelling everyday with their fieldworkers. I realised that I needed to see beyond what the NGO wanted me to see and observe. I, thus, decided to take up my residence in one of the NGO villages where I succeeded in making some friends and key informants independently.

However, my change of residence into the village meant a sudden end to the already established modes of surveillance and control by the WCWC. No sooner had I initiated my independent field activities than I was told by a close acquaintance from the WCWC that I was being watched. The fieldworkers were suddenly instructed to check on my movements in the village: they watched who I met and what exactly I asked people in my interviews, and so on. Even my female research associate, who assisted me in undertaking interview notes and transcripts with village women, was once called in by the WCWC to inquire about my interview questions. Everything

seemed to have turned on its head. When I visited the WCWC premises the next time, I found the staff unfriendly, suspicious, and indifferent to my presence. The WCWC Director did not appear to be content either. This was evident from the instruction that he had passed over to every member of the staff that no information or data be divulged to me without his prior permission. I found this change of attitude utterly disturbing. Now my challenge was to find ways to bridge the gap caused by my shift of residence to the village. I made some tactical efforts to win back their confidence by, for example, jointly authoring a research poster for a presentation in an international conference, by re-arranging my field movements, by visiting the NGO premise once or twice a week, and also by resuming somewhat regular conversation with the WCWC Director. While such transparency on my part did not prevent the NGO from keeping a regular watch over my activities, it certainly helped restore the trust and confidence of the WCWC, which has lasted.

Finally, in what ways did the use of these research strategies affect the responses that I gathered from the WCWC fieldworkers and the mothers in the villages? As for the fieldworkers, it is quite difficult to distinguish between what they told me as WCWC fieldworkers from what they told as members of families and communities. I have made no attempts to separate them in the thesis; all notes presented in this thesis are of the identified fieldworkers and I have treated them as such. When I appeared (to begin with) as a friend of the NGO, they treated me as an ally in their work, one who might be useful to them. They certainly saw my goals as not conflicting with theirs – and possibly helpful. I do not want to suggest that all fieldworkers were successfully co-opted to think and act only in the interests of the organisation; there were nonetheless some who maintained their individual and differing – sometimes conflicting – viewpoints. Those viewpoints were, though, rarely voiced within the WCWC premises. For this reason, I have primarily presented their response as that of an NGO fieldworker alone including even those responses they gave to me outside the WCWC premises.

As for the mother's responses, I do not think that their responses to me were structured by my association with the WCWC to the extent that it was for the

fieldworkers. This is so because I not only asked an entirely different set of questions, but also because I engaged in much deeper introspection than the conventional ones by the WCWC. Since I carefully noted that these mothers were much more inhibited and reluctant to talk in the presence of a WCWC worker, I ensured that no fieldworker was present when I conducted interviews with them. Moreover, Viji and my key informants shared the opinion that they were more willing to talk to me in a candid manner because I was an outsider, a male, and someone who would eventually leave. I was though never given any impression that they told me what may be seen as tailored responses for a Muslim, a northerner, an (unmarried) man, or someone who had been fortunate in working for a degree from a foreign university. I may also be seen as more sympathetic and closer – as an Indian – to the interests of Tamil people than would a foreigner. On the contrary, I was frequently referred by the people amongst whom I lived and worked as '*vellinad paiyyan*' (foreign lad) on account of my inability to speak Tamil in the first few months of my fieldwork. It was only when I began to communicate in Tamil that they started calling me as *anna* (elder brother), *tambi* (younger brother) or sometimes as *Sir* (mostly by the NGO fieldworkers). However, most people often counted me as someone from the UK instead of an Indian. This was largely because I let WCWC introduce me – in an attempt to establish a reciprocal relationship – as a foreign researcher having ties with the Ford Foundation (USA) and the University of Edinburgh (UK). It is quite likely that other researchers might end up collecting altogether different dataset than I collected on account of the fact that they might have been shown different places or introduced in different ways to the local population. I have nonetheless tried to be aware that the decisions I took and the way I defined my identities through the fieldwork have affected the nature of my data collection and data analysis. This was reflected in the mothers' responses on female infanticide and sex selective abortion, which were quite diverse, complex and full of multiple understandings as opposed to what they told the WCWC workers. Finally, as I argue in the conclusion of this thesis, the meanings that these mothers attached to actions of female infanticide and sex selective abortion were themselves mediated by the discourses of empowerment that the government and NGOs have so powerfully invoked. And I have treated their responses as such.

## **1. 8. Outline of the Chapters**

The thesis works on two central ideas. First, it describes the political-economic and cultural context of reproduction, family making, and sexuality. This is done by providing the ethnographic context of changing ‘fertility’ and ‘reproductive’ practices involving women at the local level, followed by a more direct ethnography of female infanticide and sex selective abortions (explored in Chapters Two, Three, and Eight). Such a reading helps contextualise various discourses, the demographics and meta-narratives of reproduction in India (discussed in Chapter Four). Second, the thesis shows how the government and NGOs in contemporary Tamil Nadu despite having created structures of technology and control around issues of overpopulation and reproduction, and by linking the issues of female infanticide and sex selective abortion with such demographic social engineering, have failed to protect one of the most basic human rights, i.e. ‘right to survive’ for many females (explored in Chapters Five, Six, and Seven).

The thesis is divided into nine Chapters. After introducing and locating the subject of study, the introduction Chapter outlines the research process and methodology, including a description of the various sites of my research. Continuing on from the latter half of this Chapter, the next Chapter (Two) widens an understanding of the locality (field) by bringing some of the issues that are central to this thesis. This Chapter first problematises the structural understanding of fertility decline in Tamil Nadu and then provides an ethnographic account of family-making in Attipatti, in order to provide some understanding of why many people in Tamil Nadu have started to opt for smaller family size, in terms of fewer children being born.

Chapter Three goes on to contextualise some of the forces of fertility decline behind the changing reproductive practices of women. This Chapter examines the perceptions as well as the experiences of expenditures (both physical and symbolic) and relative inequalities around life cycle events of women’s reproductive behaviour in Attipatti. With an ethnographic account of reproductive practices such as the puberty ceremony, marrying young with an inevitable dowry, changing marriage rules, the cost of becoming mother/childbearing, unwanted pregnancies and frequent

abortions, this Chapter underlines various social, cultural, economic and political underpinnings of women's reproductive life in Attipatti.

Chapter Four goes beyond the local ethnographic context of fertility and reproduction, and introduces the reader to the wider context of the colonial and post-colonial contexts of reproduction, birth control and family planning movement, besides providing some historical insights into the practice of female infanticide and sex selective abortion in India. The discussion in this Chapter is intended to provide a basis for a return to the ethnographic specificities of these issues explored in Salem, Tamil Nadu, which will follow in the rest of the Chapters.

Continuing the debate around family planning, reproduction, female infanticide and governance, Chapter Five explores policies and programmes adopted by the Tamil Nadu government in its response to female infanticide with some ethnographic examples of the everyday working of the programmes. Besides describing the ineffectual state of intervention, it outlines the inherent tensions and contradictions involved in rights, duties, and interests of the state and communities under the new forms of governance. The Chapter locates an understanding of these policies and programmes, as an instance of the continuities of rhetoric and practice of the 'civilising mission' in post-colonial India.

Chapter Six continues to explore the NGO response and other collective action-based discourses on female infanticide in Tamil Nadu, in a historical and ethnographic context. It highlights the individualised and differentiated strategies of NGOs at a more local level, in order to understand the different forms of female infanticide and what these different types of strategies produce. The principal idea behind writing this Chapter is to reconstruct the social theory of female infanticide as employed by the NGOs in their responses.

Chapter Seven subjects some of the strategies of NGOs, discussed in Chapter Six, to their ethnographic context, by studying the female infanticide programme of one NGO as a case study. The Chapter specifically analyses 'taxonomies' and

‘categorisation’ strategies used by the NGO to demonstrate their relationship with communities, in general, and with women, in particular. Furthermore, in demonstrating the NGO effects on women’s marginalisation, the Chapter uses specific examples of surveillance, monitoring, conflict of interests, and resistance to illustrate the contours of NGO governmentality.

Chapter Eight finally introduces the ethnographic ideas and practices around female infanticide and sex selective abortion, based on specific interviews with mothers who were recorded to have committed the act. In addition, it also captures the village community discourse on these practices, and it specifically discusses the village women’s perceptions of government and NGO initiated actions against the practice.

Chapter Nine brings the different themes of this thesis together and shows how female infanticide and sex selective abortion have come to be imaginable in the particular ethnographic contexts of Tamil Nadu. It highlights some other ways to conceptualise the materials of this thesis and also points out the limitations of this thesis and suggests ways to improve them for future research.

## CHAPTER TWO

# Situating Fertility Practices and the Field: A Political-Economic and Cultural Account

### 2. 1. Introduction

Over the last couple of decades, the rapid but uneven fertility decline observed in southern Indian state of Tamil Nadu has left demographers and social scientists divided. What are the exact determinants of this demographic transition? Tamil Nadu cannot boast of all the presumed basic pre-conditions to fertility transitions, such as high female literacy, low infant mortality, and higher age at marriage etc (Nagaraj, 2000). However, according to various estimates, Tamil Nadu reached near-replacement fertility level by the early 1990s. By 2002, the TFR was reported to be 2.0 as against the all-India average of 3.2 and the world average of 2.8 (Office of the Registrar General, India 2004).<sup>21</sup> The explanations for this decline include broad factors identified as: poverty (Basu, 1986; Savitri, 1994; Kishor, 1994) high levels of industrialisation and infrastructural development, especially transport network (Padmanabha, 1995); social reform movements (Srinivasan, 1995a; Krishnamoorthy *et al.*, 2005); influence of mass media (MariBhat, 1996); relative greater autonomy enjoyed by southern Indian women (Dyson & Moore, 1983), changing parental aspirations for children's education and occupation (Krishnamoorthy *et al.*, 2005); and nature of agrarian change and urbanisation (Nagaraj, 2000). In recent years, the introduction of family planning services, made available within the widespread accessibility of reasonably good health care, has become central to some understandings of fertility decline in the state (Antony, 1992; Srinivasan, 1995a; Visaria, 2000; Nagaraj, 2000). In short, many statistical and demographic analyses

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<sup>21</sup> "The TFR is the average number of children that would be born to a woman by the time she ended childbearing if she were to pass through all her childbearing years conforming to the age-specific fertility rates of a given year".(Haupt & Kane, 2004: 15) According to Population Reference Bureau's Handbook, "the TFR is one of the most useful indicators of fertility because it gives the best picture of how many children women are currently having" (Ibid: 16).



have been carried out in attempts to understand the ‘determinants’ of fertility transition in Tamil Nadu.

Few of these analyses, however, have asked a significant set of questions. What does this demographic transition mean for Tamils – in particular rural Tamils – as individuals and as a collective (society)? How has the act of reproduction come to be politicised and debated in everyday life (Van Hollen, 2003)? Why, how and with what considerations do families and communities control their number of children? What are some of the gender considerations involved in opting to have fewer children? What are the logics and rationalities that lie behind the informed choices of the actors?

In this Chapter, I problematise the structural understanding of fertility decline, by providing an account of what goes on in everyday life with regard to family-making and sexuality. An ethnographic account of family-making patterns in Attipatti provide some understanding of why many people in Tamil Nadu have started to opt for a smaller family size under the ‘two-child’ norm. The marked decline in the number of children that most young married women and men (aspire to) give birth to, in comparison with their forefathers in Attipatti, needs to be explained. The Chapter explores the explanations that different social actors give of their conduct and of others on matters related to fertility practices and how they are changing. Additionally, this Chapter serves to widen an understanding of the locality (field) by bringing together some of the issues that are central to this thesis. However, I start by setting out the larger picture of contemporary fertility decline and demographics of South Asia and India, in general, and of Tamil Nadu, in particular, in order to situate the fertility practices in Attipatti. This will also allow me to situate ‘fertility accounts’, following the example of those who attempt to combine anthropological-demographic perspectives and a political economic and cultural approach (Greenhalgh, 1990; Greenhalgh, 1995b).

## 2. 2. Demographic Transition in South Asia with Special Reference to India<sup>22</sup>

The contemporary demographics of South Asia have shown a steadily declining trend in fertility patterns.<sup>23</sup> A rapid transition to conditions of low mortality has arguably played a major role in the associated decline in fertility in most of these countries. The statistics currently available with regard to birth and death rates provide relatively good evidence for demographers to conclude that a sustained 'demographic transition' is well under way in South Asia (Kantner & He, 2001). Although the transition has been under way for over five decades or so across the length and breadth of Asia, its onset speed, and contemporary demographic profiles varied greatly between and within countries. These variations were visible when the contemporary population of Asia was clustered into: 'South Asia' with high population growth rate and high fertility, 'South-east Asia' with a moderate population growth rate and moderate fertility, and 'East Asia' with low population growth rate and low fertility. Similarly, a regional variation was also identified within India by associating a higher pace of demographic transition with southern states of Kerala, Tamil Nadu, Andhra Pradesh, and Karnataka (Hussain *et al.*, 2006).

Statistically, the TFR fell in all countries of South Asia between 1980 and 2004. The most spectacular decline in fertility took place in Bangladesh – a country whose socio-economic transformation does not subscribe to the classical theories of fertility transition. The TFR in Bangladesh fell from 6.4 in 1970 to 3.1 in 2005.<sup>24</sup> This has particularly generated sharp and renewed interests in the South Asian fertility transition. Even though Crude Birth Rate (CBR henceforth) declined first in Sri Lanka from about 1950 onwards (Dyson, 2001), the most significant interest in fertility studies began with the evidence that surfaced much later in early 1980s with the substantial, but differential, declines in birth and death rates in India, Pakistan

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<sup>22</sup> I borrow the term 'demographic transition' from Caldwell (2006) to refer to the decline in the last two centuries of fertility and mortality from moderately high, and often very high, to lower levels.

<sup>23</sup> Here I primarily refer to Sri Lanka, India, Bangladesh, Pakistan, and Nepal.

<sup>24</sup> UNICEF statistic available at

[http://www.unicef.org/infobycountry/bangladesh\\_bangladesh\\_statistics.html#31](http://www.unicef.org/infobycountry/bangladesh_bangladesh_statistics.html#31) last accessed on December 8, 2007.

and Nepal. The TFR in India has also fallen remarkably from 5.6 children in 1970 to 2.9 by 2005 (UNICEF Statistics). The Table 2.1 below summarises the statistics on the rate of progress made by South Asian countries on fertility and child mortality rates between 1970 and 2005.

Table 2.1: South Asian Rate of Fertility and Mortality

Country Name	Total Fertility Rate (per woman of child-bearing years)			Under-5 mortality (per 1000 live births)		
	1970	1990	2005	1970	1990	2005
India	5.6	4	2.9	202	123	74
Bangladesh	6.4	4.4	3.1	239	149	73
Pakistan	6.6	6.1	4	181	130	99
Nepal	5.9	5.2	3.5	250	145	74
Sri Lanka	4.4	2.5	1.9	100	32	14

Source: Relevant data collated from the UNICEF website: <http://www.unicef.org/infobycountry/southasia.html>; last accessed on December 8, 2007. The source for TFR is United Nations Population Division, whereas the source for under-5 mortality is UNICEF, United Nations Population Division and United Nations Statistic Division.

Despite the demographic transition described above, fertility in the region remains high by world standards. While the world TFR is now below 3, the fertility rates in Bangladesh, Pakistan and Nepal are still well above this level. Nonetheless, the sheer numbers associated with South Asian fertility decline has been considered to have had a substantial impact on the global population size and the pace of demographic transitions (see contributions in Sather & Phillips, 2001). It has implications for the environment, schooling, the *position* of women and social security as well (Hussain *et al.*, 2006: emphasis added).

Many explanations and interpretations have been put forward for the South Asian fertility transition. Explanations of fertility decline range from an emphasis on the role of industrialisation, urbanisation, education and mortality decline (Notestein, 1953), to changes in intra-familial relationships brought about by the spread of education, westernisation, and the shift to modern occupations (Caldwell, 1980). Of particular interest is Caldwell’s well debated ‘wealth flow/transfer hypothesis’,

which suggests a 'great divide' in fertility transition caused by a reverse transfer of wealth from parent to child (rather than from child to parents) eventually making children costly (Caldwell, 1976). Cleland and Wilson challenged this view by proposing that "ideational, rather than structural, economic change lies at the heart of the fertility transition", in which "attitudes to birth control" play a prominent role (1987: 5).

## India

India has witnessed a significant demographic transition with Kerala being the first state to have achieved below replacement level fertility (2.1 children per woman). India's birth rate has been falling since about 1970. The Sample Registration System (SRS henceforth) data for all-India shows that the CBR fell from 36.8 births per 1,000 populations in 1970-72 to 29.0 in 1990-93 – a decline of about 21 per cent.<sup>25</sup> However, a significant decline in fertility was noted only in 1984. According to another estimates by SRS, TFR in India fell from 4.5 in 1984 to 3.4 in 1992 – a figure more or less consistent with the National Family Health Survey (Narasimhan *et al.*, 1997). A consideration of these figures has led some to conclude that fertility per woman in India has been declining faster than the CBR; the implication being that the chief reason for these declines has been the control of 'marital fertility' (Dyson, 2001). The most recent TFR available from UNICEF sources indicates India's TFR of 2.9 (see Table 2.1). In short, there is increasing demographic evidence that suggests India's fertility has declined over the past three decades. The National Population Policy 2000 expects India's fertility to reach the replacement level of about 2.1 children by 2010.

The speed of decline, however, has varied considerably in India. As indicated above, the southern Indian states were quicker to achieve this decline as compared to North Indian states, where states like Bihar remained stagnant in fertility decline (Drèze & Saran, 1993). Women in Northern areas (i.e. Bihar, Maharashtra, Rajasthan, and Uttar Pradesh) have been shown to be giving birth to considerably more children

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<sup>25</sup> Since the early 1970s, the SRS has been the most authoritative source of fertility estimates for India (Narasimhan *et al.*, 1997).

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than women in South India (Visaria, 1995; Saavala, 1997). After Kerala, Tamil Nadu became the second Indian state to achieve below replacement level fertility; the TFR has declined to two children per woman (Haub, 2002).

Both the fertility decline and the regional variation in it have occupied demographers and social scientists in India considerably. It may be recalled that India has the world's oldest population policy and was one of the first countries to have introduced a national family planning programme in 1952. The then national concern with 'population control', designed in response to the 'population bomb' theory by Paul Ehrlich (Ehrlich, 1968), gave way to the rhetoric of 'development as the best contraceptive'. The latter came into prominence following the U.N. Population Conference in 1974 in which it was stressed that people need no condoms and pills but economic opportunity. It was understood that development (primarily understood as economic growth then) would reduce poverty and thus slow down the population growth. It was, however, soon realised that the economic wealth or incidence of poverty failed to explain fertility differentials in India, both at state level and at district level (Murthi *et al.*, 1995). This led some to look for explanations in cultural factors and social conditions including the role of gender. Dyson and Moore (1983), for example, suggested that differing kinship structures in North and South India would affect 'female autonomy' differently; high female autonomy explained why fertility was lower in South than North India. Some tried to establish statistical association between female education and fertility (Murthi *et al.*, 1995), while others challenged the nature and interpretation of evidence (Jeffery & Basu, 1996). Although a few significant studies have failed to find much evidence of a positive link between women's education and 'female autonomy' (Jeffery & Jeffery, 1997; Jeffery & Basu, 1996; Visaria, 1995), there were others, who tried to establish some correlation between the kinship structure and female autonomy as Dyson and Moore (1983) have suggested. In short, the focus has shifted over time from economic growth to 'social development' which stressed on improving the quality of life by improving public health, elementary education and social security (Drèze & Murthi, 2001). The effectiveness of the social development model – used to explain Kerala's

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fertility decline – has, however, come under serious doubt amidst the non-conventional mode of fertility decline in Tamil Nadu.

## **2. 3. Fertility Decline in Tamil Nadu**

Rapid fertility decline in Tamil Nadu has created considerable debate among demographers and social scientists. The decline in Tamil Nadu's birth rate can be dated only from the early 1970s, and till about the mid-1980s, the magnitude of decline in the birth rate was modest – a rapid decline taking place only thereafter. Between 1973 and 1984, the birth rate declined by only 3.5 points, whereas, the same declined by around 7.6 points between 1984 and 1993 (Nagaraj, 2000). However, the pattern of the decline in the birth rate has not been consistent with that of the death rate during this period. Between 1971-73 and 1982-84, the Crude Death Rate (CDR) declined by 3.3 points, whereas it was just 2.8 points for the next decade, i.e. between 1982-84 and 1991-93. Yet it appears that fertility in Tamil Nadu has been showing a significant downward trend since the 1970s. However, there are some who argued that the birth rate actually dropped by about five points between the 1960s and 1970s (Krishnamoorthy *et al.*, 2005). By all accounts, these estimates suggest that the decline in fertility was moderate through the 1970s with a rapid decline settling since the early or mid-1980s. According to some experts, in India such a trend in fertility decline is only comparable to that of Kerala – Tamil Nadu's neighbouring state. Tamil Nadu, therefore, was hailed a 'new Kerala' with the publication of 1991 census. Tamil Nadu then was laudable for a steep fall in CBR from 30 births per 1000 in 1970 to below 21 per 1000 in the 1991 census (Kishor, 1994). By 2002, the Tamil Nadu TFR was reported at 2.0 live births per woman with an IMR of 44 per 1,000 live births (GoTN, 2003b). The Tamil Nadu government projection of future demographic goals – meant to be attained by the end of the 10th Five Year Plan, i.e. March 31st 2007 – targets a TFR of 1.7 against an IMR of 28 (GoTN, 2005). Most discussions seem to assume that this is an achievable target, if not by 2007, then within the next few years.

### ***What makes fertility decline in Tamil Nadu so distinct?***

Despite a very 'low level of economic development', there has been 'considerable interest' in the fertility transition in the state of Kerala (Krishnamoorthy *et al.*, 2005:

228). However, there are several specific reasons that make demographic transition in Tamil Nadu of even greater interest for social scientists. One was the greater pace of fertility decline in rural areas, from a much earlier date, compared to the urban ones. The rural CBR had registered a substantial decline in the 1970s (of the order of 4.5 points between 1971-73 and 1982-84) and the decline continued at an accelerated pace from the early or mid-1980s (8.5 points between 1982-84 and 1991-93). In sharp contrast, the urban CBR virtually stagnated in the seventies but started declining at a rapid rate from around the mid-1980s; the urban birth rate declined by a meagre 0.2 points between 1971-73 and 1982-84, whereas the decline was much higher, at 6.1 between 1982-84 and 1991-93 (see Nagaraj, 2000: 4-6). Therefore, this rural-urban difference explains why overall decline in Tamil Nadu was modest in the 1970s (solely due to the decline in the rural areas) and rapid in the 1980s (due to rapid decline in both the rural and urban areas). This rural-urban difference had nearly vanished by 1990 (Krishnamoorthy *et al.*, 2005). What was also remarkable was that low fertility was achieved amidst high mortality which is a feature of fertility decline in Tamil Nadu that challenges conventional (classical) understanding of fertility transition. It is often argued that a prior decline in infant mortality is a crucial forerunner of fertility decline (Choudhury, 1982; Jain, 1985). In 1991, when Tamil Nadu was believed to have reached near-replacement fertility level, its IMR stood at 57 deaths per 1,000 live births (Guilmoto, 2005). On the other hand, the demographic transition of the bordering state of Kerala has been characterised by a very low and replacement-level fertility with a TFR of 2.1 and IMR of 26 per 1,000 live births in 1987-89. The TFR in Tamil Nadu reached the same level of 2.1 in 1992-94 – but with a much higher IMR, nearly 60 per thousand (Registrar General of India, 2004). Finally, as opposed to Kerala's demographic transition attributed to high female literacy levels, a low infant mortality, and a higher age at marriage of women, Tamil Nadu has managed to achieve similar results in fertility decline in a much shorter time span and without the same level of educational attainment or other social indicators of women's status. Adult female literacy was reported to be only 51.3 per cent in Tamil Nadu in 1991, whereas the same was 86.2 per cent in Kerala (Registrar General of India, 1992). While the age at marriage for females did register a significant increase in the sixties and seventies, there was hardly any increase in

age at marriage for females during the eighties, when the fertility decline accelerated (Nagaraj, 2000). Additionally, while Kerala had experienced a high transitional population growth over four decades (1921-31, 1941-51, 1951-61, and 1961-71), Tamil Nadu had passed through the same phase much more rapidly with only one decade of rapid population growth, i.e. 1961-71 (Krishnamoorthy *et al.*, 2005; also see Rajna *et al.*, 2005 for a historical discussion on population growth in Tamil Nadu). All these considerations indicate that fertility transition in Tamil Nadu occurred in conditions less conducive than in Kerala, and therefore, the Kerala model is inadequate in explaining fertility decline in Tamil Nadu.

This peculiar fertility decline in Tamil Nadu – also called ‘silent revolution’ (Guilmoto & Rajan, 2005) – generated much debate on how to understand fertility decline in Tamil Nadu. However, a number of factors have arguably led to the lowering of the fertility rate. Now I will consider some debates over the role of poverty, mass media, government led family planning programmes, women’s autonomy and social reform movement.

### **2. 3. a. Poverty-Driven Hypothesis**

One of the earliest efforts to explain the fertility decline in Tamil Nadu has produced a ‘poverty-driven’ fertility decline hypothesis (Basu, 1986; Kishor, 1994; Mencher, 1980). This hypothesis focussed on socio-economic factors, in particular, on the role of poverty and relative deprivation suggesting that a high level of poverty in the state is responsible for lowering fertility. Kishor (1994), among many others, argued that it is a combination of continuing absolute deprivation and rising but unfulfilled aspirations, which led to a reduction in fertility in Tamil Nadu. This happened even among the majority whose economic welfare was not significantly improved by development. For example, Kishor argued that it was the poor who “have been left with no choice but to shift over to investing in their children’s education to enter the urban job market” (Kishor, 1994 cited in Dasgupta, 1999: 4-5) that has given impetus to the need to reduce family size. Nagaraj (2000) supported her observation by asserting that the ‘burden’ of fertility decline in Tamil Nadu has fallen



disproportionately on the socially disadvantaged sections of the population. The extent of fertility decline was higher among Scheduled Castes compared to the rest, the illiterate compared to the educated, and the rural population compared to the urban (Nagaraj, 2000).

### **2. 3. b. Mass Media**

More recently, others have pointed out that the level of fertility of the poor continues to be higher than that of the non-poor (Krishnamoorthy *et al.*, 2005). Departing from the poverty-driven hypothesis, MariBhat (1996) argued that mass media, in particular, cinema, has made a notable contribution to changing family size norms instead. This has also been corroborated to a certain extent by the NFHS evidence on the 'high cinema viewership' in Tamil Nadu (Krishnamoorthy *et al.*, 2005). Some others have pointed towards its 'diffusion' effect in fertility decline, along with the existence of an impressive transport network in the state (Guilmoto & Rajan, 2005).

### **2. 3. c. Efficiency in the Family Welfare Programme**

The efficiency of family welfare programme has been cited as the single largest factor in popularising the small family norm leading to fertility decline in Tamil Nadu.<sup>26</sup> Kumaran and Norbert (1989) first drew attention to it by analysing the efficiency of family planning programmes between mid-1950s and the mid-1980s. They concluded that the programme has had a strong positive influence on fertility decline in Tamil Nadu. However, it was T.V. Antony, a top civil servant and Chief Secretary to the Government of Tamil Nadu, who claimed that a lowered fertility was attributable to an efficient state bureaucracy in Tamil Nadu (Antony, 1992). "In his enthusiasm for promoting the small family norm in Tamil Nadu, his colleagues joked that the initials T.V in T.V. Antony must stand for 'Tubectomy-Vasectomy' Antony" (Hodges, 2008: 144). More often than not, the factors of 'strong political will' coupled with 'bureaucratic efficiency' and 'effective communication strategies'

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<sup>26</sup> A short review of literature incorporating some crucial discussions on the rise of small family norms in India is attached in Annexure I.

have been brought into play by the proponents of this view. Thus, Srinivasan claimed:

“In Tamil Nadu, the factors of political will and an efficient bureaucracy seem to have played a crucial role in the fertility transition, overcoming the intrinsic cultural barriers imposed by low literacy levels, relatively higher mortality, low standards of living, and high heterogeneity of the population. The ‘top-down’ forces seem to be more dominant than the ‘bottom-up’ forces in expediting the fertility decline in Tamil Nadu” (1995: 261-62).

All these views, however, do not demonstrate *how* family planning programmes contributed to fertility decline in Tamil Nadu. Guilmoto, for example, claimed that “the cartographic analyses of fertility, however, indicate that the boundaries of demographic change have rarely coincided with the administrative borders of the states in which family planning policies are implemented” (2005: 390).

Drawing on a higher Couple Protection Rate (CPR henceforth) in Tamil Nadu (which is way above all-India average and is second only to Kerala), Nagaraj (2000), however, highlighted some merit of the ‘efficiency’ of family planning programmes in terms of its targeting towards couples with higher levels of fertility, both in rural and urban areas and across different social groups. Statistically, the CPR had increased from 13.3 per cent in 1971 to 49.8 per cent in 1992 in Tamil Nadu; in 1986, both Tamil Nadu and Kerala has recorded a CPR of 41.1 per cent – based on figures quoted in Nagaraj (2000). In particular, a consideration of CPR by education and socio-economic status reveals that the programme has been successful among the socially deprived sections, which mainly rely on the terminal methods as ‘efficient’ means of family limitation. This observation also explains why the extent of fertility decline is higher among the socially deprived sections of the population compared to the rest in Tamil Nadu (Nagaraj, 2000). To reinforce these explanations, Visaria commented that social scientists have tended to “ignore the steady but slow changes that the state (in Tamil Nadu) has introduced in the overall health care delivery system....the widespread accessibility of reasonably good quality health care, including family planning services, has enabled people attain their desired fertility goal” (2000: 49).

In sum, there seems to be some evidence that state provisions for family planning did play a facilitating role in reducing overall fertility rates in Tamil Nadu. However, to reduce it to the claim of bureaucratic intervention as the underlying and major cause of fertility decline is to ignore and undermine the embeddedness of complex social institutions, structures, and social processes that people undergo before they decide to limit the family size. I now turn to some of these social institutions and structures in order to situate other accounts of fertility decline in Tamil Nadu.

### **2. 3. d. Social Reform Movement or the Periyar Hypothesis**

The importance of the role of the social reform movement in the fertility decline of Tamil Nadu has been pursued with utmost interest, mostly by those who also advocated the role of the family planning programme (Antony, 1992; Srinivasan, 1995a; Ramasundaram, 1995). The reform, also called the Self Respect movement, was led by E.V.Ramaswamy Naicker (popularly addressed as Periyar) as an awareness movement in Tamil Nadu in the 1930s. Periyar, who was a strong proponent of birth control and family planning, was viewed as part of a larger socio-political and cultural movement, as well as a movement for women's emancipation. Being antithetical to Brahmanic religion and the practice of untouchability, "Periyar recognised the need to raise the status of women" and advocated increase in "age at marriage, re-marriage of widows, a small family norm, and the use of contraception" (Krishnamoorthy *et al.*, 2005: 231). For the use of contraception and birth control measures among Tamils before the introduction of family planning programme in India, also see Hodges (2008).

The Periyar hypothesis developed in response to an unanticipated fertility decline in the early 1990s gained much currency in the mid and late 1990s. Again, its main proponent was Antony, who, in the words of Hodges (2008: 144), "made a politically expedient argument that the political/ideological lineage of successive regimes of Tamil Nadu's Dravidian-derived state governments was indebted to a political heritage that started in the interwar period (i.e. 1920-1940) with Periyar's Self

Respect movement as a platform to broadcast what we have come to refer as a 'small family norm'. In fact, Antony wrote:

.....easier acceptance of the concepts of family planning has to be ascribed to a strong social awareness programme, created by a great social reformer named 'Periyar' Ramaswamy. Long before governments introduced the family planning programmes, Periyar emphasised the need "to liberate women from frequent delivery by use of contraception" (Antony, 1992: 332 excerpted from Hodges, 2008: 144).

It is interesting to note that at about the same time as the Periyar hypothesis was making the rounds in the official corridors by promoting the state's family planning performance (i.e. mid and late 1990s), other high profile civil servant-cum-researchers were publicizing another correlate of Tamil Nadu's low fertility: "that of female infanticide" (Hodges, 2008: 145). The involvement of another important civil servant in a social mobilisation against female infanticide in Dharmapuri district in 1997 (this will be explained in Chapter Six) highlighted this paradox which the proponents of Periyar hypothesis failed to address.

However, it is difficult to assess the contributions of the social reform movement to fertility decline as fertility began falling after the 1960s. Critics have pointed out that there could be an indirect impact which has led to high aspirations for children's education and employment; however, the analysts of this factor have presented no evidence on aspirations on children's education or occupation (Krishnamoorthy *et al.*, 2005). Moreover, when fertility actually declined in 1970s and 1980s, the social and cultural thrust of the movement witnessed a considerable degree of dilution even when its political proponents – Dravidian parties – saw political ascendancy (Nagaraj, 2000). Hodges (2005), who has looked into the social reform efforts of the Self Respect movement and Tamil Nadu's history of lowered fertility, failed to find any direct correlation between the two. Nonetheless, the reform movement appeared to have succeeded in preparing the ground for a public discussion on smaller families as modern families in Tamil Nadu (forthcoming in the ethnographic section below) long before the rise and consolidation of international population control efforts and the rise of birth control movement in India in 1950s (see Hodges, 2008 for a history

of birth control movement in India during the interwar period). The idea that women in Tamil Nadu might be able to take some decisions about their fertility became less unacceptable than for their counterpart in North India and was, therefore, invoked as another explanation.

### **2. 3. e. Women's Autonomy or Relatively High Status of Women**

The suggestion that “female social status is probably the single most important element in comprehending India's demographic situation” (Dyson and Moore, 1983: 54) was first put forward by Ashok Mitra and colleagues (Mitra, 1978; Mitra *et al.*, 1980). Karve (1953) specifically related to the greater freedom and a higher ‘social status’ enjoyed by south Indian women. Dyson and Moore (1983) replaced the term ‘social status’ with that of ‘female autonomy’ to describe the freedom of movement, the ability to inherit, acquire, retain, and dispose of property, the importance of bride-wealth as opposed to dowry in marriages, a favourable post-marital residence, and some independent control of sexuality that women in South India had historically enjoyed relative to north Indian women. These favourable indicators of female autonomy coupled with the far greater value of female labour in the rice-based agrarian system of the southern Indian society (Sopher, 1980; Miller, 1981) have led Dyson and Moore (1983) to pronounce the ‘high’ female autonomy for southern India and ‘low’ female autonomy for northern India. Accordingly, a relatively high status of women in Tamil Nadu has been identified as contributing to a fall in fertility.

Such a broad generalisation about female autonomy, however, poses certain problems for understanding both the status of women and fertility decline in Tamil Nadu. First, two of the important social indicators that had supposed to have helped define ‘high’ female autonomy in Tamil Nadu need re-examination, i.e., the relative absence of dowry and son preference. Notwithstanding the centrality of ‘dowry’ – an obligatory gift in cash or kind given at marriage to bridegroom's family, as a sort of compensation for lower social status of the bride – in north Indian-arranged marriages, the reporting of dowry-practice from Tamil Nadu in recent years and its

spread across south India like an ‘epidemic’ (Kapadia, 1995) has left some researchers bewildered by this massive social shift (Rao, 1993). Far from bride-practice as the norm, contemporary Tamil marriages involve mandatory dowry payments by the bride’s family (Chapter Three will provide some ethnographic context of dowry-practice). This is something that Tamils had adopted as a practice around the same time, or even before, fertility decline set in. Writing on the social structures of the *Kallars* of Madurai district in about 1954, Dumont (1986) reported that the community practised ‘bride-price’ then. But in 1967, Kolenda (1967) noted a change from bride-price to ‘bride-cum-dowry system’. In 1987, while investigating female infanticide among the *Kallars*, Devi argued that the community adopted ‘dowry’ practice, which was claimed to be “non-existent...among the majority *Kallars* till the mid 1960s, though traditionally exchange of prestations had existed” (1991: 7). This happened, according to her, due to the changing agrarian economic structure of Usilampatti following the construction of Vaigai Canal system in the late 1950s, which led to a significant “differentiation of the agricultural community” and the subsequent dispossession of women as cultivating owners caused their gradual withdrawal “from the labour force and confined to the home” (Devi, 1991: 4-6). The increase in dowry-practice has also been accompanied by an increase in ‘son preference’ in Tamil Nadu. The socio-economic and cultural necessity to produce at least one son has intensified in Tamil Nadu in recent years. Going by the press reports as well as a number of research studies undertaken by NGOs and academics, both the practice of dowry and son preference seem to be quite widely prevalent in Tamil Nadu today (Nagaraj, 2000). This is further evident from the rising concern on the reporting of female infanticide and sex selective abortions in Tamil Nadu since the mid 1980s (Chunkath & Athreya, 1997).

Second, consanguineous marriages – which were taken by Dyson and Moore (1983) to indicate greater female autonomy in Tamil Nadu – may not account for fertility decline per se. Two important recent observations explain this. First, consanguinity is on the decline following urbanisation, increase in levels of education and the impact of agrarian social transformations on the marriage system in Tamil Nadu (Nagaraj, 2000). A decline in consanguineous marriages might suggest a decline in female

autonomy in Tamil Nadu and, thus, may not be a factor in recent fertility decline. Second, for consanguineous marriages, the female age at marriage has reportedly been lower, in general, when compared with non-consanguineous marriages (Nagaraj, 2000; Krishnamoorthy *et al.*, 2005). Even if the decline of consanguinity is in dispute, a lower age at marriage for females can account neither for fertility decline nor for high female autonomy. There are nonetheless some others who have statistically challenged consanguinity as a 'variable' in explaining high female autonomy. For instance, after comparing the household and individual-level survey data in Karnataka in South India and Uttar Pradesh in North India, Rahman and Rao argued that "consanguinity has a large negative impact on women's say" (2004: 256) in variables such as women's expenditure decisions and in their ability to work. They also expressed the view that "consanguinity is no longer practised in South India and, where practised, it has a mixed effect on mobility" (Ibid: 255). On the other hand, some evidence of the decline in consanguinity can be gathered from the rise of dowry-practice which has been argued as a means to engineer upward class mobility by capturing the most eligible bachelor outside the kin and the community, i.e. in non-consanguineous marriages (Kapadia, 2002). The decline in consanguinity, therefore, has a demographic consequence in the role of dowry-practice, which has the potential to devalue a female child, since the economic burden of a dowry would increase the cost of rearing her in a family set up. Since the emergence of dowry-practice in Tamil Nadu appears to be coincided with the onset of the fertility decline, a reverse argument can be made here; the lowering of the status of women rather than their high status may have contributed to the fertility decline in Tamil Nadu. This view point is discussed ethnographically in the next Chapter.

Evidently there are many explanations for fertility decline in Tamil Nadu. However, a review of the discussions surrounding them indicates that there is no clear cut demographic evidence for some of the hypotheses/variables. Nonetheless, the demographic trajectory of Tamil Nadu has undergone significant changes in terms of fertility transition. There is no single explanation for this though. Some opine that it is possible that different social groups may have adopted small family norm on the basis of different rationales (Krishnamoorthy *et al.*, 2005). Others suggest that local

and endogenous factors - as opposed to macro and exogenous ones such as structural economics or educational change - might have played a significant role in shaping the progress of fertility decline (Guilmoto & Rajan, 2005). Specifically speaking, Raju (2005) argues that fertility decline is caused by a change in family's practices with regard to the number of children that the family choose to bring up. As a result, there is a growing realisation of the need to take into account people's perspective in the context of family's practices. The family is an important unit where most of the reproductive decisions are made and contested. How then does a family's individual behaviour change vis-à-vis the heterogeneity of the environment within which its members' lived experiences are affected and shaped? Keeping these constraints in mind, I now turn to an exploration of the meaning, conduct and behaviour of different social groups towards limiting family size in Attipatti. I call this behaviour and actions of people 'fertility practices'.

## 2. 4. Fertility Practices in Attipatti

Attipatti, like most part of rural Tamil Nadu, is currently witnessing a drastic fall in the average number of children that women are giving birth to. This is evident not only from the local NGO and VHN records, but also from the elderly villager's discourses that I encountered while enquiring about village affairs in general, and changes, in particular. There was, though, often a sense of complaint and criticism on the part of elderly villagers, when they talked about fewer children being born these days. Talking about the changes that took place in her village over the past couple of decades, Perummal, aged 65, belonging to an upwardly mobile Vanniyar caste, said:

There have been many changes in the last 10 or 20 years in the marriage practices and trends. People no longer marry with relatives. Also, women today bear very few children....one or two is enough. I have 4 sons and 2 daughters. My mother gave birth to 13 children but four of them died at birth. In my times, women used to be stronger because of a good diet and good nutrition. They used to eat *raagi* [millet] so that they could comfortably bear many children. Today no one prefers eating *raagi*; only poor and older people eat *raagi* these days.<sup>27</sup> But then today's *raagi* is not the same. The *sakti*

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<sup>27</sup> *Raagi*, also called *Kelvaragu* in Tamil and *Ragi* in English, refers to the grain that contains amino acid methionine considered essential for those living on starchy staples in terms of its nutritional



[potency/power] of *raagi* has gone today because soil is weak and there is no water in the area...so people use artificial fertilisers to cultivate crops. So today's woman is weak and thin and gets exhausted with one or two children. That is why 'operation' [a euphemism for sterilisation] is the best option for them. [Field notes: March 31, 2005]

The assertion that a strong diet is needed if women are to bear many children is not an isolated view point of Perummal. Rather, such a viewpoint emerges from popular gossip and everyday interactions among the old people of the village with regard to the general behaviour of young women and men. Her use of the metaphor of '*raagi*' and 'operation' is apposite in describing the current patterns of family making in Attipatti. Her statement is also suggestive of the trajectories of rural Tamil Nadu towards post-colonial (late) modernity and development, with new sets of values, changes in family, kinship and marriages, changes in agricultural practices, and most importantly, the internalisation and acceptance of government family planning, largely in the form of sterilisation.

There is unanimity in people's opinion in Attipatti that family size has drastically shrunk in recent years. What is, however, more varied are the explanations that people give with regard to the timing and causes of the adoption of smaller families. Older people have different explanations from that of younger ones. Members of lower caste groups have their own opinion and understanding of these changes. These variations in villager's responses suggest that low fertility did not come in at the same time at the same rate for different social groups even within this village. In Attipatti, a brief social history of low fertility – collected through formal and informal talks with the elderly, the women, and the government and NGO health workers – indicates that fertility decline came in differentially for different social groups. The villagers' most common response as to who first began using family planning services was, that fertility first declined among the high caste Gounders in Attipatti in the decades of the 1960s and the 1970s. The decade of the 1980s saw the

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value, particularly in Africa, where it is known as Finger Millet. The grain is rich in carbohydrates, protein, calcium, fat, fibre, and minerals. In Tamil villages, *Raagi* flour is boiled in water and the resultant paste called *Raagi* balls is eaten with *Sambar* (soup). See Finger Millet in *Wikipedia* retrieved on July 18, 2008 from <http://en.wikipedia.org/wiki/Ragi> for more information on the use of Ragi.

continuation and a drastic decline in family size among Gounders followed by a moderate decline among the upwardly mobile Vanniyar community. The decade of the 1990s has been most commonly associated with fertility decline among Vanniyars and the middle caste Lambadis – and to certain extent among Scheduled Caste and Scheduled Tribe groups towards the end of the 1990s. Since the beginning of this millennium, there has been increasing discussion, both within the newly formed NGO and among the elderly villagers, about the drastic fall in family size among the lowly placed Scheduled Castes. To understand the explanations of fertility decline and to reflect on the issues of variation in their response towards small family size, let us consider the discourse from these communities as well. When asked about the reasons for having fewer children, Chellamma, aged 27 years, belonging to a lower caste SC group, replied:

We often work in the [high caste] Grounders' land and we could see why they are happy and contented. They do not bring up more than one child. Their land remains intact and one son could better look after it than many. Why not learn good things from them; after all, they are well-to-do and privileged lot in the village? [Field notes: March 19, 2005]

These are two among many discourses in the village about fertility behaviour. Unlike Perummal, who belongs to an upwardly mobile caste in terms of education, economy and political aspirations, Chellamma belongs to a low caste group whose viewpoints are generally not much valued by the villagers. Nonetheless, these two different viewpoints of Perummal and Chellamma suggest that the social actors do not operate in social life with a given rationality. They rather plot a course between several available logics and choose between various norms among many. There are simply diverse and conflicting agencies at work. Perummal and Chellamma's explanations provide a context to discuss the significance of an anthropological and political economic perspective on fertility practice in Attipatti.

The political-economic contexts of these two responses are wide and diverse. Perummal has been witness – as indeed are so many upwardly mobile castes – to the influences of agrarian changes, to various forms of resistance to these changes, and to the emergence of new set of values that can be roughly termed as modern.

involving government family planning programmes, and overall development. On the other hand, Chellamma's choice of a small family norm reflects an entirely different concern – an attempt to 'reunite' with, and reinforce, the traditional caste structure. Chellamma's 'choice' of adopting small family norm is a calculated and well-devised act in order to stay in, and comply with, the established structure of caste and economic dominance. It is an outcome, in effect, of her identity derived from the everyday interactions with high caste Gounders – on whose fields her entire household economy is dependent. The choice she has made is more likely to help identify her interests with that of her masters. Hers is an act of accommodation rather than resistance. It is thus incorrect to assume, as many in the villages did, that opting for smaller family size amounts to an out-right rejection of practices popularly ascribed to backwardness of low castes. And that this could lead to an upward mobility in the social hierarchy. Mere adoption of small family norm does not improve her status in the social hierarchy. Hers is rather an economic and political strategy to stay in the social hierarchy. Had she 'chosen' not to change and maintain the status quo in matters of family planning, she could be seen as bargaining, resisting and negotiating her position with high caste groups. Given these economic, social and political constraints, she chose to change with the change making the most intelligible action possible within her given circumstances. Therefore, ideas about fertility change, rather than non-change, among lower caste groups can be seen as strengthening the existing caste ideology.

Chellamma's remarks, however, do not imply a peaceful co-existence of low castes with high castes. Most of the SC people that I spoke to, vigorously resist the presence of Gounders in Attipatti who, in their views, are outsiders and exploiters. There is a growing dissatisfaction and outrage among SC community against Gounders partly on account of the increasing awareness among the community as a result of Periyar-led social reform movement. The Periyar movement has been actively promoting this awareness all over Tamil Nadu (already discussed above). There is an active Periyar *Sangha* (youth group) in Attipatti which, from time to time, organises events and cultural programmes to highlight the plight of low caste people in their relation to the high castes. These programmes mainly revolve around deconstructing and

demystifying magic, religion, and caste. As a result, most SCs, as well as many other non-Gounders, have increasingly questioned and challenged the Gounder domination in recent years through campaigns and movements against them. One such significant campaign that I witnessed during my fieldwork was a successful abolition of 'two-tumbler' system.<sup>28</sup>

Despite an outrage against Gounders, most people follow the Gounders' footsteps when it comes to acquiring or giving up social practices. Fertility limitation and small family norm is one such set of practices which are widely believed to have been originated by Gounders in the village; i.e., it is assumed that the rest merely followed and adopted it. To illustrate this further, let us consider the non-Gounder villager's discourses on some of the Gounders' practices.

In general, Gounders are held high in social hierarchy by the villagers. They are considered responsible for regulating general affairs of the village, including religious and cultural festivals. On many occasions, I, however, noted that non-Gounders avoided coming into direct confrontation with Gounders. An attitude of silent resistance and some form of laying blame on Gounders does exist among them. It is through these attitudes that I was to explore some aspects of the fertility decline among Gounders.

Viji and I were in conversation with a group of young married women from all-castes. We were trying to comprehend the social history of a lower fertility regime and smaller family size and its significance for the villagers. In the middle of our conversation, our lone Gounder woman respondent had to leave on her husband's call for the household chores. As soon as she left us, almost everybody in the group unitarily suggested that I should be asking my questions to her [the Gounder woman] as they [Gounders] are the ones who initiated the trends of keeping a small family in the village. This was particularly stressed to us due to the fact that our Gounder respondent had only one son and was sterilised [implying a lower value attached to the birth of daughters among them] while rest of the participants

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<sup>28</sup> Two-tumbler system refers to a discriminatory practice of offering tea/coffee to people from SC community using one tumbler (a steel glass or mug used for tea/coffee) while serving the same to others in another 'common' tumbler.

had at least one son and one daughter. [Notes from the FGD: August 14, 2005]

It is a unanimously held understanding on the part of most of the villagers that Gounders were the first to have adopted 'small family norm' by using family planning services as early as the 1970s. The village discourse about Gounders' way of life and practices was something that I met as soon as I began enquiring on family size and fertility practices in the village. Eventually, I began collecting genealogies of family size and structure among Gounders and soon was given the following Gounder narrative.

Jayammal, aged 55, had undergone sterilisation in 1975 after giving birth to a daughter and a son. She was educated up to 5th grade, and a housewife would attend to household chores on an everyday basis. She was the prime source of my information on Gounders' way of life. In one of the informal discussions with me, she proudly claimed that it was her community who introduced the modern values like the benefit of keeping a small family to the rest of the villagers. In response to my curiosity about the significance of one daughter and one son phenomenon, she told me that in those days [during 1970s] Gounders had successfully adopted a small family norm. She could hardly recall any Gounder family among her peer-friends who had given birth to more than two children as this would mean an extra-share in the existing property and land. She could also recall the practice of dowry in those days. Though it was practiced by only *Panokkarar* [rich] Gounders and was a limited phenomenon then as against today when it has become a compulsory practice in marriages. Gounders today can not marry off their daughters without giving *varu-dakshina* [dowry]. [Field notes: January 25, 2005]

The Gounders' practice of 'two-child' norm during the 1970s, or even before, coincides well with timing of significant fertility decline in Tamil Nadu. Being a privileged and affluent group in the social hierarchy of Tamil Nadu, they were the first to adopt a small family norm by seeing in it an immediate opportunity to stop fragmentation of land caused by a large family size. This appears quite related to what was then happening with the urban upper class in Tamil Nadu. As a result of the Dravidian movement and their political ascendancy to power through the 1970s and 1980s, the social status of the urban upper class came to be threatened, in particular, by the reservation policy of the government in education and in

employment. To maintain their status-quo in the social and economic arena, they had to confront the problem of providing an expensive education to their children on a competitive basis. One relatively attractive way out was to reduce the number of children in the family. Gounders, who represented the upper class and upper caste hierarchy of the village social life in Attipatti, were much quicker to respond to this challenge and the inherent economic benefits attendant on having a smaller family. This perhaps explains why fertility declined first among Gounders in Attipatti.

## **2. 4. a. Mechanisms of Small Family: Sterilisation and Abortion**

Both non medical elective abortions and sterilisations are common in Attipatti. All my female respondents knew, or had heard of, at least one case of induced abortions during the first trimester in their neighbourhood. While sharing her own experience of having undergone such abortions a couple of times, Vijaya, 28, a sterilised mother said:

It is very common here for most women to undergo abortions. It is a sort of birth-control method because our men are not ready to use condoms and most women have reported [health] complications with the use of loops [Copper-T]. Previously, they used to do it by [inserting] *erukkam-chadi* [a plant stick] or by eating papaya and mustard seed. These days, everybody uses *mathirai* [tablet] which is easily available in the town for Rs 1000 or Rs 1200. Only the lucky ones like those who get a son in the first two deliveries don't have to face all these troubles of [unwanted] pregnancy and abortions. [Field notes: July 12, 2005]

The discourses of abortions are integral to family-making and fertility practices in Attipatti. To avoid the trauma of undergoing frequent (unwanted) abortions, most women seem to want to get sterilised as soon as they have completed their desired family size. In Attipatti, there are no traditional birth attendants (mid-wives) who could assist with delivery, suggesting limited incidences of home delivery. The VHN, who is supposed to be present round the clock in the village health clinic, does not stay in the village long after evening, as she returns to her own family in a nearby town. Consequently, a pregnant woman has to be taken on an urgent basis to the nearby government or a private hospital, if the delivery happens in the night hours.

Women consider it prestigious to be attended by nurses while delivering. An average woman in Attipatti desires hospital-assisted delivery, provided the family can afford it financially.

In a wider social context, the Directorate of Public Health and Preventative Medicine in Tamil Nadu claims to provide institutional support for over 90% of deliveries and a 100% cover for ante-natal registration (with three ante-natal check ups for pregnant women on an average) with over 8000 health sub-centres in the state. ([http://www.tn.gov.in/spc/annualplan/ap2007-08/2.24\\_health.pdf](http://www.tn.gov.in/spc/annualplan/ap2007-08/2.24_health.pdf) last accessed on December 10, 2007). Such a large number of institutional deliveries mean an increasing control and surveillance of health workers over Tamil women's pregnancies and deliveries.<sup>29</sup> It also means that all hospital staff, whether in private or public hospitals, are trained and sensitised towards counselling women for the adoption of family planning measures. On a number of occasions when I visited the maternity ward of the *Taluk* Government Hospital in Mettur, I found the medical staff counselling mothers for sterilisation once they have delivered. In my discussions with hospital nurses, I was constantly reminded by them that no one desires more than two children in the family. On being further inquisitive as to how that was made possible, one of them, Pushpa, aged 35 years – a government hospital Nurse and herself a sterilised mother of one son – volunteered this statement in 2005:

All of us including doctors, VHNs, and PHC workers advise families coming for regular consultations on the importance of smaller family size. We show them a film, which is imported from foreign countries. We also counsel about the prospect of better education for children, better physical growth, a handsome dowry [for daughters] and a good life if they choose to undergo the 'operation' [sterilisation]. But some couples are very obstinate for they won't have the operation unless they get a son in the family and we have to scold them. Some people listen, some do not. They wait for a son. I have always scolded such families, particularly their husbands for impregnating their wives again and again. For this reason, we insist on using '[pubertal] sterilisation' when the mother is still in the hospital because if they leave hospital, we know they would not return back until they have

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<sup>29</sup> Edwards (1995) addresses a similar issue of the surveillance of poor men and women by the health services in her work in Northern England.

given birth to a son after killing many female children/foetuses. [Field notes: July 12, 2005]

This explains why a majority of the women in and around Mettur have been sterilised using ‘Pubertal Sterilisation’ (the statistical evidence is given in Table 2.2 in the following pages) as this is quite inexpensive and normally done within a week or so of the delivery (when the mother is still in hospital) in comparison with other available methods of sterilisation. This particular form of sterilisation has placed a further pressure on women to produce a desired number of children (with at least one son) before they are sterilised. Even though the government in Tamil Nadu has accepted a service-delivery approach under the officially renamed Family Welfare programme (following the Population Summit in Cairo in 1994), in practice, a major preoccupation for the public health system continues to be on female sterilisation and their numbers. In fact, contraceptive targets are central as to how the lower level bureaucracy within the public health is monitored. While talking about her everyday activities, Sangeetha – a VHN – said:

Every week, I have to report to the higher official at PHC regarding total number of registered pregnancies and sterilised cases. If I somehow failed to report lesser number of sterilised cases compared to previous months, this is considered as ‘inaction’ and ‘poor’ performance by us. It could well lead to our demotion, and sometimes, even termination. [Field notes: April 21, 2005]

On the other hand, some ‘action’ on the part of VHNs can lead to being honoured with Florence Nightingale Award. Mahalakshmi was one such VHN from the neighbouring Dharmapuri district who was conferred with this prestigious award for bringing the highest number of pregnant women under institutional delivery. Between 2002 and 2006, she had more than doubled the number of institutional deliveries than she was originally allocated. Family planning was reportedly 100% success in her jurisdiction area. On being asked, she said: “parents were given counselling to go for family planning after the birth of their second child” (*The Hindu*, May 09, 2007).



While excessive focus on family planning mainly in the form of female sterilisation is a countrywide phenomenon, in Tamil Nadu, it is clearly much higher particularly in rural areas. Of over 1000 couples sterilised during 2004-05 in Mettur Government Hospital, only 8% were males as against 92% for females (see the percentage of Vasectomy sterilisation – done only for males – in Table 2.2 below). Even though the health department has recently launched a low profile campaign to promote male sterilisation, the programme remained ineffective partly due to strong resistance from Tamil men to undergo sterilisation and partly due to lack of a strong political will and necessary apparatus to implement the programme. On the other hand, the singular reliance on female sterilisation as the only way to family planning in Tamil Nadu can also be seen in the incidence of abortions – both induced and spontaneous. They are way above the national figures, viz. 16 % of pregnancies are aborted in Tamil Nadu as against 5.8 % for all India (Krishnamoorthy *et al.*, 2004). “The statistics compiled by the Directorate of Family Welfare of the Government of Tamil Nadu indicate that the number of abortions performed in government institutions has hovered around 22,000 a year since 1994-95” (Visaria, 2000: 53). Given the fact these abortion figures are, presumably, legal ones and that many abortions go unrecorded in official statistics, it could be a large underestimate. From the perspective of a women’s right to reproductive choice, Visaria noted a more disturbing fact, i.e., “the insistence in government institutions on permanent sterilisation along with abortion”; statistically, “more than ninety per cent of the abortions performed in the government sector were permanent sterilisations as against only around one half in the case of private nursing homes” (2000: 54). In my sporadic visits to the Mettur Government Hospital, I was astonished to hear that even those women who seek abortions of unwanted pregnancies, or what they called ‘pregnancy by mistake’, were not spared. While government hospitals theoretically offer free abortion services, in practice, the abortion is performed only when she agrees to undergo sterilisation, in particular if that woman already had one or two children.<sup>30</sup> This particular phenomenon was explained to me as Medical Termination

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<sup>30</sup> An outcome of such a practice can be seen in the fact that the percentage of sterilisation acceptors with two and less than two children in Tamil Nadu that has jumped from 64 per cent in 2001-02 to over 70 per cent in 2006-07 (see statistics division in the Directorate of Family Welfare webpage: <http://www.tnhealth.org/dfw.htm> last accessed on January 10, 2008).

of Pregnancy with Tubectomy (MTPCT) by a number of government doctors in response to my curiosity to understand the medical idiom used for various methods of family planning. My repeated visits to Mettur Government Hospital later led me to notice that in one single year, about 22% (223 females out of 1016 couples) were sterilised following an induced abortion (see Table 2.2). The number of unreported and self-induced abortions must be higher than this.

Table 2.2: Distribution of Sterilised Couples by Sterilisation Methods, 2004-2005

Different Procedures of Sterilisation	Frequency	Percentage
Pubertal Sterilisation (PS)	558	54.9%
Medical Termination of Pregnancy with Tubectomy (MTPCT)	223	21.9%
Lower Segment Caesarean Section with Tubectomy (LSCST)	95	9.3%
No-Scalpel Vasectomy (NSV) <sup>31</sup>	86	8.5%
Non-Pubertal Sterilisation (NPS)	37	3.6%
Cut Curator with Tubectomy (CCT)	17	1.7%
Total	1016	100%

Source: Monthly Family Planning Register, Government Hospital, Mettur Dam, June 2004-August 2005

Therefore, all such women who attend hospitals or clinics for ante-natal clinic, deliveries and/or abortions are routinely counselled – sometimes even forced and threatened – and co-opted for undergoing sterilisation. I have often found NGO and government health workers trying to chase young mothers, who are categorised as ‘high risk’, i.e. a mother who has previously given birth to one or more female children. They even bully such mothers in order to bring them under the ‘family welfare programme’. Such an overarching concern with a ‘target’ involving family planning in Tamil Nadu has also been noted earlier by Van Hollen (2003) in the context of her research on the routinisation of IUD insertions in public maternity wards.

<sup>31</sup> Of all the procedures mentioned in the Table 2.2, No-Scalpel Vasectomy (NSV) is the only male birth control method. As opposed to conventional Vasectomy, NSV is a simple and gentle procedure, which involves no cutting incision and no stitches.

While sterilisation is a permanent method of controlling one's procreative potential, the increasing incidences of 'non medical elective abortion' in the field suggest that many women use abortion as a temporary method of controlling their fertility. In the absence of any short term methods like contraceptive pills, condoms or copper-T (IUDs, also called Loops) women have increasingly relied on termination of pregnancies as the only way out. While state officials like VHN and NGO health workers see it as a 'problem', women in the village consider it a 'solution' – albeit a temporary one. Consequently, no sooner has a woman fulfilled her family's expectation of the desired number of children than she undergoes sterilisation. The general attitude of the sterilised mothers suggests that sterilisation sets them free from the reproductive cycle of conception, termination, and delivery. No wonder, sterilisation has come to be accepted as normal behaviour for women in the family and, along with induced abortion, is a major instrument of fertility regulation in Attipatti, like most rural areas of Tamil Nadu.

It is, therefore, (rather) the social pressure generated by these abortions that has pushed these women to marry early, produce one or two children, and then be sterilised quickly. A shortened period of reproductive activity, which characterises most women of contemporary Tamil Nadu, means that they avoid unwanted pregnancies and the humiliation generally caused at the hands of medical personnel in the maternity wards. The issue of humiliation at the hands of gynaecologists and/or nurses has been recurrently voiced during my interaction with young mothers (see also Jeffery *et al.*, 2007 for a similar concern). In short, all these factors have led to a skewing of the child-bearing age for mothers to early or mid-twenties. The implication of this change can be seen in the model of family-making whereby a mother is expected to bear an ideal number of male and female children (even though, biologically, the sex of the children is determined by the male side).

## 2. 4. b. On Sexual Preference: Daughter or Son?

The preference for a particular sex of the offspring exists almost universally. Depending on the social, cultural, and economic contexts, these preferences vary across different cultures and societies. Some societies give preference to sons and others to daughters. In India, families are known to give preference to the birth of sons mainly for providing economic support to the parents in their old-age, for performing the last rites on parent's death, and for the continuation of the patri-lineage (Das, 1984; Miller, 1981). A number of studies undertaken on this subject suggest that "couples with strong son preference may provide less food, or poorer health care for their daughters; this practice may increase daughters' childhood mortality rate and thus may alter the sex composition of the surviving children" (Clark, 2000: 95; also see Bardhan, 1974; Basu, 1989; Chen *et al.*, 1981; D'Souza & Chen, 1980; Kynch & Sen, 1983; Miller, 1981; Nair, 1996; Sen & Sengupta, 1983; Timaeus *et al.*, 1998). In recent years, the term 'son preference' has been used not just to analyse its effect on sex-differentials in childhood mortality but also to help explain fertility change in India (Mutharayappa *et al.*, 1997). In this section, I draw on village ethnography, some statistics, and different discourses on meanings of son and daughter in explaining the effects of 'son preference' on changing fertility practices and vice-versa in Attipatti.

A primary preference for sons is, indeed, manifest among most families in Attipatti. Again, this preference is believed to have originated with the Gounder social practices. Neither Gounders nor non-Gounders in the village hesitate in revealing that sons are very important for making a family. Without sons, a family is considered incomplete by many. However, there are different perceptions in the village on the importance of sons and daughters in the family. In many group discussions and interviews, almost everybody agreed that while a strong preference for sons is widely prevalent among high caste Gounder community, families from lower strata, in particular SCs are believed to be equally sensitive about daughters. The discourses of small family norm, thus, involve a significant discussion and consideration for the sex of the offspring, rendering fertility and reproductive practices in Attipatti gendered in orientation.

People in Attipatti do not produce ‘children’; they produce sons and daughters. The use of the word *potta* or *kolanthai* (children) is almost absent in Attipatti. People refer to their offspring in terms of *ponn* or *pulla* (girl child) and *paiyyan* (boy child) in everyday life. This was the very first impression I had of how people view their offspring. The overwhelming response to my everyday question on how many ‘children’ they have always came in the form of ‘two sons and one daughter’ or ‘one son and one daughter’, if the couple had children of both sexes. The other form of gender asymmetry is noticeable in the fact that it is always the son which is counted and named first.

While a preference for sons does manifest itself in the fertility and reproductive decisions, the preference for daughters is, nonetheless, not entirely absent in Attipatti. This can be seen in the overwhelming response to our question about the ideal composition of the family size; *Yengalakku kandippa oru Paiyyan venum...Ponnavum venum!* (I definitely want a son.... but a daughter is also required!). As stated previously, different families and communities have different considerations and circumstances in choosing to restrict the number of children in the family. People in Attipatti do need daughters but preferably after a son; there are of course some who experience the reverse pattern as will be seen from later narratives.

However, all this cannot be understood without taking into account people’s perspectives, their opportunities, and constraints, under which they take decision to give birth to children. In a pre-transition fertility decline phase, son preference is usually connected with high birth rates, in that many children are produced by a family in order to get the desired number of sons. But, from an ethnographic point of view, what forms does the preference for son take in a low and/or declining fertility society, where the pressure is more to produce an *ideal* number of children than to produce an *exact* number of sons? The following discussion is an excerpt from a long and intensive tape-recorded focus group discussion with eight young sterilised mothers in their later 20s and early 30s from all-caste group membership.

## **PART –I**

**Interviewer:** What about the ideal number of children in the family? How many children in the family do people desire here?

**Vanniyar woman 3:** Everybody wants one son and one daughter. Two children are enough. Some have two sons and some have two daughters.

**Lambadi woman:** Some have three daughters as well.

**Gounder woman:** Some have sons only. If they get first two sons, they stop because two is enough. But every one desires at least one daughter.

**Interviewer:** Are there families who have only daughters and no sons and are sterilised?

**Lambadi woman 2:** Lot of families have.....

**Vanniyar woman 2:** ....may be 50%

**Gounder woman:** No, it's changing. There are not that many people now. Everybody needs a son.

**Vanniyar woman 3:** Yes, if there is no son in the family, men will do second marriage.

**Lambadi woman 3:** Yes, they [villagers] will ridicule the family if there is no son.

**Gounder woman:** Yes, *Pankali* [brother-in-law and his son] will take over the family's property, if there would be no son.

**Vanniyar woman 3:** If there is no son, then who will put *kolli* [last rites] on death? Everybody wants a son to continue the family.....to perform the last rites on our death.

**SC woman 3:** That is wrong. Who puts *kolli* when there is no son in the family?

**SC woman 2:** I had done last rites at my father's death. I am the only daughter in my family. Who else will do it otherwise when there is no son?

**Gounder woman:** I am also the only daughter but my husband will do the rites in my family. I cannot do it.

**Vanniyar woman 1:** Yes, but then *Pankali* will take over the family property. That is not good.

**Interviewer:** What happens at death if the daughter is not married and there is no son?

**Gounder woman:** *Periya-Appa's* son or father's close friends can do it.

**Lambadi woman 2:** Nowadays no one calls for *Pankali*. We [daughters] only do it ourselves.

**Vanniyar woman 2:** Yes they do.

**SC woman 3:** Definitely, they can do it.

**Interviewer:** Does that imply that people no longer want a son?

**Vanniyar woman 3:** No, everybody definitely wants a son. It is not possible.

**Gounder woman:** My husband likes daughter. But I said we do not want more than one child. So we have a son but no daughter.

**SC woman 2:** If the first child is son, then there is no problem.

**Vanniyar woman 1:** Yes, first child has to be a son.

## ***PART – II***

**Interviewer:** It is understandable that people need son for many reasons, but does that imply that daughters are less important and less regarded in a family?

**SC woman 1:** That's not correct. We all want daughters. Without them, a house is colourless and lifeless. They are the decoration of our house.

**Vanniyar woman 2:** Yes, we send our daughters to field to fetch household fuels. They bring so much help and joy in the house.

**Lambadi woman 2:** Sons are rowdies. They play all through the day and do nothing. I have two sons and if I am sick, they do not even offer me a glass of water leave aside any other help. They are useless for me. I now curse my fate why I have undergone sterilisation after two sons. [Everybody in the group nodded with strong approval]

**Vanniyar woman 3:** Yes, that's true. If I get sick, it's my daughter who takes care of me. My sons can only bring medicine but the real love and affection I receive from my daughters.

**SC woman 1:** Only daughters can have *pasam* [maternal affection]!

**SC woman 3:** Yes we feel *santhosham* [contentment] when our daughter comes back from the school. She would help me in my household chores.

**Lambadi woman 2:** After school, my sons will runaway to the street to play and will return only when they need food. What a waste out of sons I have got?

**Lambadi man:** [voicing from behind] If we die, it is daughters who will hardly stop crying. Sons will forget and get ahead in life without bothering much.

[Excerpts from FGD: August 14, 2005]

A consideration of these discussions confronts us with two diverse discourses on the concept of 'preference' that is often associated with sons. The act of procreation is a gendered act, whereby the birth of sons and daughters acquires different social characteristics and functions. The above narrative is one such reflection of different considerations. For convenience and conceptual clarity, I argue that these narratives need to be divided into two parts representing two positions of the ongoing discourse on fertility practices. It is interesting to note that no sooner than we began asking questions on ideal family size (in Part-I), the discussion shifted and narrowed down



to 'son preference', including its causes and consequences. However, when I placed the discussion in the context of 'desirability' of a daughter (Part-II), an alternate discourse surfaced in the discussion. It is this alternative resilient discourse of some preference for daughters in the social life of Attipatti that I wish to bring to the fore as well as subject the analysis of the 'son preference' to a careful and critical reflection.

Based on these discussions, it emerges that there are two preferences on the gender composition of children in the family – namely a primary and secondary preference. Accordingly, these preferences are shaped and guided by two modes of social, psychological, economic, and political thinking that goes on to construct different meanings of sons and daughters in the family. It has been a common mode of thinking that son preference leads to, and builds upon, a non-preference or what is most commonly referred to in the literature as dis-preference of daughters and vice-versa (Bardhan, 1974; Dasgupta & MariBhat, 1995). But the above discussion amply demonstrates that people, in general, have two different discourses on the meaning of the small family norm. For some, sons are more important than the daughters, while for a significant minority, daughters are more important than sons or equally important. Let us further consider this scenario with the help of some statistics of the patterns of birth for sons and daughter. The following tables are developed from the monthly family planning register of the Government Hospital in Mettur Dam. The statistics refer to couples, mostly women, of western part of rural Salem district, who underwent sterilisation between June 2004 and August 2005. During this time, 1016 couples in the area were sterilised in the government hospital, of which the required information was made available for 1006 couples.

**Table 2.3: Disaggregated Distribution of Family Composition at the time of Sterilisation by Sons and Daughters**

<b>Family composition at the time of sterilisation</b>	<b>No daughter</b>	<b>1 daughter</b>	<b>2 daughters</b>	<b>3 or more daughters</b>	<b>Total</b>
No son	0 (0%)	9 (10%)	70 (79%)	10 (11%)	89 (100%)
1 son	16 (3%)	347 (66%)	148 (28%)	14 (3%)	525 (100%)
2 sons	170 (50%)	133 (39%)	33 (9%)	6 (2%)	342 (100%)
3 or more sons	32 (64%)	12 (24%)	6 (12%)	0 (0%)	50 (100%)
<b>Total</b>	<b>218 (22%)</b>	<b>501 (50%)</b>	<b>257 (25%)</b>	<b>30 (3%)</b>	<b>1006</b>

*Source: Monthly Family Planning Register, Government Hospital, Mettur Dam, June 2004-August 2005*

It can be noted at the outset that there were families, which decided to limit the family size with 'no sons', i.e., 89 couples out of 1006 (about 9%) as against families who had done so with 'no daughters', i.e., 218 couples out of 1006 (about 22%). This leaves us with a substantial number of 699 couples (about 69%), who have opted to limit their family size after giving birth to both sons and daughters. Of particular significance is the fact that out of the total 1006 couples who had undergone sterilisation, more than three quarters (788 couples) have 'at least one daughter' with or without the sons. Furthermore, the norm of small family size is reflected in the decision of the majority (i.e., 347 couples representing 66% in proportion to the total couples who have one son) who decided to stop reproducing after giving birth to one daughter and one son. Overall, the data indicates the choice of the majority who had decided to stop reproducing after giving birth to both sons and daughters. This again confirms the current pattern of family-making in rural areas of Tamil Nadu including Attipatti.

It is important to note that this dataset evidences the resilient and tolerant attitude of some families towards daughters that has generally been overlooked in the large scale data set and thereby in discourses that builds upon it. I do not wish to claim here that the preference for daughters overrides the preference for sons. Rather, I wish to point towards the existence of agencies and institutions under which women have to make decisions with regard to their fertility behaviour.

A further consideration of the responses ascribed to the significance of having sons and daughters, produces two kinds of social facts. One is 'material', which often works in favour of presenting the worth of sons for political-economic functions of the families, and the other is 'non-material', which represents an emotional dependence on a daughter. I do not want to suggest here that these two discourses are analogous, nor do they operate independently and in isolation. It is also the case that there are material facts involved in wanting daughters and non-material facts in wanting sons. Moreover, these are not the concepts used explicitly by the people when expressing their views on fertility. Rather, they refer to my conceptualisation of their social world in order to locate an understanding of an ideal family size in the context of different preferences for sons and daughters. The two-child norm (one son and one daughter), is generally achieved by combining these two considerations where people appear to take into account both considerations, as has been demonstrated above through qualitative and quantitative data.

## 2. 5. Conclusion

I wish to conclude this Chapter with the following discussion that took place in one of the study villages in response to my curiosity about fertility practices and the social changes that have characterised the village for the past 20-30 years. The group consisted of five Vanniyar women in their early to late 60s. I was invited by them to listen and to record their *kummi-pathhu* (folk-songs), which they were eager to share with me. The discussion was quite unintended, but semi-planned in terms of methodology and ranged from population issues to culture, food, politics, modernity, and so on.

**Interviewer:** Why are people having fewer and fewer children today?

**Respondent 1:** In my times, women were stronger than today's women because of a heavy diet and good nutrition in the food. They could bear more children easily. Today, the nutrition content of the soil has gone due to the 'artificial' use of materials in the field. That is why today's women are weak and get exhausted with fewer children.

**Respondent 3:** There was no such thing as family planning in our times nor were operations so common. Today, family planning is very easy and easily accessible. So these women stop producing children after family planning.

**Respondent 1:** Everything has become so expensive today. In our times, one sari-skirt was priced at Rs.0.25 while today it costs at least Rs.100.

**Respondent 3:** Yes, and dowry too has come today in our village. Earlier, the groom had to offer *pariyam* [bride-price] to the bride's family to marry her, whereas today we have to give gold, jewels and cash as *varu-dakshina* [dowry] in our daughter's marriage.

**Respondent 4:** Yes, quite right, my husband gave me Rs.400 during my wedding [pointing to an old man who was sitting next to us on a bed and who nodded proudly in response].

**Interviewer:** Who or which family, in the village, do you think first took the dowry in marriage?

**Respondent 4:** In this area, dowry has started with the *Panokkarar* [implying Gounders]. The others, particularly, the poor simply followed their path.

**Respondent 1:** I think that today's women are more concerned about their beauty and physique. They think – and a wrong thinking – that having more children will offset their [physical] beauty and increase their age.

**Respondent 5:** That's correct. For the same reason, women nowadays give less and less *tai-pal* [breastfeeding] to their children. They breastfeed hardly for five or six months; previously, we used to breastfeed them for five years at least [everybody laughs].

**Respondent 2:** In that age, people had more children because there were no operations [sterilisation], no abortions and no family planning.

[Field notes: March 31, 2005]

Exploring the holistic nature of these discussions makes us wonder, how conscious some people are of the importance of agencies in explaining changes in the familial and social structure. We were amazed to see such calculations of everyday life on the part of these villagers, who, I was led to believe, were not much exposed to the outside world. Their representations were quite different from the NGO and the government ones who perceive and represented them (not only to us but in their official documents as well) as ‘poor’, ‘illiterate’, and ‘geographically-isolated’ people, and, always in need of some kind of development interventions. There is little doubt that the villagers in Attipatti perceive their social world far more clearly than any outside analysts like us may do (even by living among them over the years). Therefore, I do not make any claim to have *fully* understood the reasons and factors that guide any standard explanations of fertility decline. It is also the case that they might have represented to me ideas and explanations that they think I must receive. I was often asked by some people (including a few youths in the village) whether I had come to the village to collect data for my MPhil or PhD degrees. Therefore, I would refer to these explanations as ‘rhetoric’ of fertility decline rather than reasons of fertility decline, keeping the doors open for others to intervene.

To conclude, younger women in Attipatti appear to be less conscious and less concerned as to where their world is moving (despite having attended some schooling), in contrast to older women (while sceptical they might be), who are not only keenly observant of the processes of social and economic developments that had come to characterise a changing village today, but also sharp commentators. The decision to limit family size to two or fewer children appears to be very conscious and political for most families in Attipatti and yet varies considerably for a multitude of reasons. It could well result from a conscious consideration of reproductive health scenarios such as frequent abortions, sterilisation, and the ideas and images of modernization and bio-medical practices, besides economic considerations, on the

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part of affluent and privileged lot in the village such as Gounders. Or it could result from a sense of being relatively deprived or socially excluded and marginalised from the village life, as can be seen in the narratives of families situated low in the caste and class hierarchy such as Scheduled Castes. It could also be an effect of status-competition and conflict processes rather than consensus as could be seen in the changing and rising aspirations of the upwardly mobile Vanniyars. In sum, the decision to limit the family size in terms of a small family has been based on a number of considerations, ranging from health, economic, and politics to new forces of modernization, befitting different castes and class groups accordingly.

In this Chapter, I have attempted to explore the social actors' (mainly women) point of view on matters related to fertility, family-making, and the meaning of a small family norm that has led to fertility decline in Attipatti. There is no single explanation as to why people resort or aspire to having a small family. Rather, there are mixed understandings with different pictures of a small family. Attipatti's adoption and response to small family norm and declining fertility can be further understood in the context of social change as experienced through 'reproductive' practices of women, and the introduction of newer values and practices around reproductive rituals, ceremonies and consumption. This will be explored in the next Chapter.

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## CHAPTER THREE

# Cultural Construction of Gender: An Ethnography of Women's Reproductive Practices

### 3. 1. Introduction

In the previous Chapter, I showed that fertility has been declining in Attipatti for sometime. In order to make this decline intelligible, I outlined the actor's (mainly women's) point of view in terms of their perceptions and responses to the importance of smaller family size, in the context of changes taking place in family-making and sexuality norms. With the help of various narratives, discussions, and some statistics, the Chapter helped to situate the changes in the fertility practices – in particular, on the forces behind the adoption of smaller family norms. The adoption of smaller family size is, I argue, to be seen as built into the discourses and representations around fertility practices. These discourses are, in turn, grounded in the local ways of relating to development and modernisation – that has so well characterised Tamil social life for the past two decades or so.

Having situated the changes in the fertility structure and the practices in Attipatti, in this Chapter I aim to contextualise some of these forces of fertility decline behind the changing reproductive practices of women. In particular, I examine the perceptions as well as the experiences of consumption (expenditures) and relative inequalities around the life cycle events of women's reproductive behaviour in Attipatti. I underline various cultural, social, economic, political and historical underpinnings which are deeply embedded in the reproductive practices that nearly all women in Attipatti must go through before they give birth to children. I discuss various ceremonies and practices around biological reproductive behaviour of women as evidence of increasing 'consumer-orientation' and aspirations to emulate a particular class group's identity.

The story begins when a girl receives her first menstruation, and continues through her experiences of marriage, pregnancy and child-delivery. In this Chapter, I will consider social practices such as celebration of a girl's puberty which in the past had marginalised women in Tamil Nadu. The transformation of the puberty 'ritual' into an 'apparatus' for status-competition among families, coupled with an inherent notion of daughters as a 'liability-to-be-disposed' as soon as possible, has resulted in further degradation of women. Likewise, the necessity of marrying young along with a reasonable dowry has placed younger women at hitherto unimagined and heightened risks. In fact, this Chapter could be read as 'on dowry' since a discussion of these social practices can lead to a classification of women's reproductive practices as a sequence of life-cycle events, which eventually generates an understanding of dowry-practice in three forms: Pre-marriage expenditures (costs incurred during the puberty ceremonies which set in motion the formal dowry preparation for the forthcoming marriage), marriage expenditures (overall costs incurred during wedding including in kind, cash and/or 'gold' given formally), and post-marriage expenditures (costs borne by the natal family when their daughter in the seventh month of pregnancy or so moves in to celebrate her pregnancy and also to deliver her first child).

The ethnographic material in the Chapter includes a description of practices surrounding women's reproductive life cycle viz. puberty, marriage, dowry, kinship, conception, pregnancy, and delivery. Because reproductive practices in Attipatti have come to be largely gendered processes, my discussion of the ethnographic data takes the 'female' position as the referral point while analysing these cultural underpinnings. However, the overall perspective of the Chapter is that of 'social change' and 'development'. All the practices that I discuss here have been undergoing significant changes in Attipatti in recent years, and thus the Chapter also aims at making intelligible why these practices have undergone changes, and what form have they taken and why.



## 3. 2. Puberty Celebration

Talking about the details of puberty ceremony, Pushpa, a 24 years old SC mother, said:

I was fourteen when I came of age. There was a grand feast in which lots of people were invited. I was given expensive gifts, new clothes and also five sovereigns of gold. But the thing I hated most was that I had to take a temporary residence for nine horrible days in a *tatti* [a screened hut or a cabin usually made of braided coconut leaves] built by my *Tai Mama* outside the main portion of the house. All these days, a *dhobi* [washer-man] would come early in the morning, collect my dirty clothes, and leave the washed ones outside the hut. I think my mother paid him a hundred rupees or so. However, I enjoyed receiving *seer* [ritual gift or prestation] most as I got lots of different gifts including some gold.<sup>32</sup> [Field notes/ excerpts from the interview: May 06, 2005]

Some cultures celebrate a peaceful and comfortable transition into adulthood for their adolescents through puberty rites. Such celebrations are slightly elaborate and marked (both ritually and materially) but acquire widely differing meanings in Tamil Nadu. Puberty celebration in Tamil Nadu has been thoroughly studied by anthropologists in the past (Beck, 1969; Reynolds, 1980; Kapadia, 1995). Their accounts suggest that the public celebration of female puberty was common only among Brahmins until 1930s and 1940s, after which the celebration became more open to others. More often than not, female puberty rites in Tamil Nadu have been understood as a high-caste Brahmin led 'ritualistic' performance to celebrate a girl's entry into womanhood, to purify women's body, and to ward off the evil-effects over women – a concern for auspiciousness (Reynolds, 1980).<sup>33</sup> This can be seen in extensive enquiries and documentation of puberty rituals in Tamil Nadu through much of 1970s and 1980s (Beck, 1969; Reynolds, 1980). In these accounts, the onset and celebration of female puberty is largely viewed as a process of restoring 'power' (*sakti*) to Tamil women by the "sending away of Alakshmi, the anti-thesis of Lakshmi, the goddess of wealth and well-being.....puberty rites seek to send

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<sup>32</sup> In common parlance, most reproductive ceremonies are referred to as 'receiving' *seer*.

<sup>33</sup> An exception to this is Kapadia's study (1995) who studied puberty primarily among Non-Brahmins in order to show changes and compare it with the rites of Brahmins.

Alakshmi away and to establish Lakshmi in her place” (Reynolds, 1980: 42). Ironically, far from conferring ‘power’ (*sakti*) over a woman, the puberty ceremony in today’s Tamil Nadu has rendered her ‘powerless’ (*asakti*) by turning her into a material liability – a liability that does not only need to be protected, controlled, and subjugated but also to be given away (in marriage) as soon as possible. In this regard, it is worth looking at a quote from a local activist:

You should not mistake gold and other movable and immovable items *only* as constituting dowry in today’s Tamil Nadu....the cost of dowry begins right from the [girl’s] puberty and lasts even after her marriage. I can assure you that there is nothing more catastrophic for today’s Tamil women than the puberty celebration. I know a number of families in Chennai and around, who have become debt-ridden in the pursuit of organising a mega-event out of puberty [Excerpted from notes taken during an interview with Mina Swaminathan, MSSRF, Chennai: December 15, 2004].

Indeed, perceiving daughters in terms of a cultural necessity to celebrate puberty, with significant economic consideration involved brings the event closer to the perception that is compatible with the Tamil village discourse on dowry. It is not uncommon to hear poor mothers in this part of the country saying: *cursed is the moment when my daughter was born*. For, puberty is a reminder to a mother that the time for her marriage is dawning, and that time for raising and collecting ‘dowries’ has come.

The recent demographic and reproductive history of Tamil Nadu has had profound effect on women’s fertility. From being worshipped once as goddesses (in Vedic ages) for her procreative and reproductive power (to give birth), daughters-as-potential-women in contemporary Tamil Nadu are regularly subjected to economic harassment in the name of generative powers of ‘impurity’ caused by hormonal changes in the body. In an age when marriage alliances are increasingly sought by inviting potential bridegrooms through internet, television, newspaper, and other kinds of advertisements, families with daughter/s in Attipatti do it by celebrating her entry into puberty (when she receives her first menses) called *vaishyakku varuthal* (coming of age). On a theoretical note, coming of age ceremony signals procreative

potential of a daughter and thus needs to be protected. In everyday practice, it, in fact, symbolises a competitive ‘call’ for a prospective bridegroom to come and claim her in marriage (I will pursue this at some length in section 3.2.c).

Most of the earlier research has described the practice from a synchronic perspective by highlighting the *rites de passage* feature of the ceremony encompassing philosophical, religious, ethical, and moral to anthropological approaches (see Kapadia, 1995: 92-123 for a detailed account of the rituals involved in the ceremony). My ethnography on puberty celebration takes a different take in that it primarily highlights the ‘material’ rather than ‘ritual’ elaborateness.<sup>34</sup> By producing an account of puberty celebration, I do not only highlight one of the many ways in which women’s identity is culturally imbued and formed under patriarchy – but also elicit ways in which changing ‘consumption’ practices and material considerations affect the formation of such identity, for both the women and the household. Unravelling such processes has important bearings on understanding the structuring of perceptions towards daughters, as well as in controlling and regulating women’s fertility selectively as will become manifest by the end of this Chapter.

Before describing female puberty celebration, I must bring to the fore the absence of any such practice of celebrating a son’s entry into adolescence or coming of age in whole of *Kongunad*.<sup>35</sup> The only exception to this in Tamil Nadu exists, I was told by elderly people in Attipatti, among the Chettiars of *Chettinad* (a region in Sivaganga district, mainly known for its culinary delicacies) who celebrate a boy’s step into adulthood by celebrating *Karthigai*. *Karthigai*, celebrated during the Tamil calendar month of *Karthigai*, symbolises – very akin to female puberty celebration – the transformation of a boy from boyhood to manhood. So powerful is the significance of this practice that if a boy dies before attaining *Karthigai*, his dead body is not cremated according to the rites and rituals usually given to a man on his death because he died as a ‘child’ and not as a ‘man’. It is the ritual significance like this,

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<sup>34</sup> I am indebted to Mina Swaminathan – then an advisor to the Chennai-based MSSRF on education, communication and gender – for hinting at such a line of inquiry during my fieldwork.

<sup>35</sup> *Kongunad* is the north-western region of Tamil Nadu, which comprises the districts of Salem, Dharmapuri, Erode, Namakkal, Karur, Coimbatore and Ooty. The region is largely inhabited by *Gounders*, who constitute around three-quarters of the population.

that is, the 'generative powers', rather than the 'reproductive powers' that has so far attracted the attention of anthropologists and ethnographers in studying the rites and rituals of the menarchal girl. My ethnography on female puberty suggests that the discourses and representations around women's reproductive practices are increasingly grounded in the local ways of relating with ideas of being modern and with consumption practices and development, which in turn generate their own discourses and practices. By producing an account of contemporary female puberty celebration, I equally intend to highlight the costs of 'reproductive powers' and the general attitude towards the practice in recent years, by adding newer and wider meanings to its celebration for families and different social groups. I thus suggest that the ceremony is now better understood as an example of 'conspicuous consumption' or as economic consumption of reproductive 'rituals'. That is, far from being characterised as 'elaborateness of rituals' (Reynolds, 1980), puberty celebration in Tamil Nadu today is better seen as an 'elaborateness of material performance'. Nonetheless, it is pertinent to begin with the rites and rituals. However, it should be born in mind that these rites and rituals are by no means indicative of the universal and essential guidelines for the puberty celebration. Some families and castes skip one or more rituals depending on their financial circumstances, while others do not perform at all – particularly the rural poor.

### **3. 2. a. Into the Seclusion: Consumption of Purity and Impurity**

The rites and celebration for puberty begins the day when a daughter receives her first menses, resulting in her confinement and isolation in a separate physical space within the house called *kudsai* or *tatti*. From the point of view of rites and rituals involved, if her confinement is a gross reminder of her 'impurity' caused by the hormonal changes in her body, it also sets up processes to restore her 'purity' – both ritual and material. Apart from ritual performance during this period of confinement, a pubescent girl is also expected to have been provided fine food with nutrition, and might involve frequent feasting for the family (if a family can afford it). This is because the discharge of blood marks a potential loss of health for the pubescent girl that needs to be regained. In practice, however, daughters get normal food,

particularly among low-income caste groups; only affluent Gounders and Vanniyars are believed to spend a lot of money on food for the daughters.

From the first until the final day of confinement – which nowadays lasts for about 7 to 9 days in different caste groups – a girl has to shift her residence temporarily from the main house to a small hut or a screened space, erected usually in one corner of the courtyard. The hut or a screen is traditionally built by the girl's *Tai-Mama* (mother's brother). If there were no *Tai-Mama* available or alive, the nearest kin of similar significance, usually elder sister's husband, or mother's brother's son or father's sister's son, could do the job. Nowadays, any close male relative can perform the same function suggesting the weakening and lesser significance of kinship ties on this count. Until a few decades ago, the construction of a hut by a *Tai-Mama* had a symbolic significance for the materialisation of a potential marriage between him and his niece. Such an arrangement was made possible at a time when there were sufficient birth-intervals between the siblings (to allow for a significant age gap between a mother and her younger brother) – usually in a high fertility regime. Nowadays, marriages of this kind (between an uncle and his sister's daughter) have become a rare phenomenon due to the shortage of such uncles in marriage amidst a demographic squeeze in a low fertility regime with shorter birth-intervals. Consequently, there are simply no mother's younger brothers around for such a marriage. The importance of this particular kin in a girl's life will be further discussed below in the section on changing marriage preference.

The first day of puberty is a scary and horrendous experience for most of the girls as in most cases they are not told about the onset of puberty in advance, due to prohibitions on sex education in the family. A few women, however, told us how they were implicitly warned by their mothers of the arrival of puberty in signs and symbols – which is often reportedly expressed through a mother's exasperation and annoyance. Most women told us that when they receive their first menses, they ran away into the field or a friend's house thinking that they have done *tappu-mari* (something wrong) act and that their mothers would be angry. Not surprisingly then, many pubescent girls have been made to take 'sit-in' (as they often refer to girl's

confinements during the monthly menstrual period) on the second or third day of receiving their first menses instead of the very first day. As the practice has it, no sooner has the girl's blood discharge comes to household's notice than the news reaches the village. Kapadia (1995) reported that it is considered inauspicious for mothers first to discover the bleeding of their menarchal daughter and that they do not participate in the purificatory bath at the end of the menstrual period. However, I met a few mothers and was told about a few other mothers who did notice their daughters bleeding and spread the message around as well as participated in the purificatory bath. This appears to be more common practice among lower caste and lower income groups, who are far less concerned about the inauspiciousness of the girl caused by her puberty than higher castes. The absence of a concern for the inauspiciousness among low caste groups is, however, still viewed negatively by high caste Gounders who reminded me several times that puberty for these people constitutes an occasion to give a call for their daughter's marriage. On the other hand, a grand puberty celebration among high caste Gounders is itself viewed by low caste and low income groups as an 'implicit' sign for a call for marriage alliance. This explains why people from low caste and low income groups in the village are rarely invited to such celebrations and vice-versa. In either case, the announcement of girl's bleeding sets in train some rites and rituals to contain and remove the 'impurity' from her body caused by the onset of hormonal changes. Therefore, on day one, a piece of flower (*poo*) is taken from her hair and is placed under the tile of the roof of the house at an auspicious moment of the day in order to ward off the evil effect. During these days, the only other humans the menarchal girl could possibly interact with and relate to are other *vaishayakku vandache* girls (those who already have passed through their puberty rites) and/or prepubertal girls with whom she is expected to develop bonds and friendship. This bond of friendship develops through another set of practices that I termed as 'circulation of clothes'. During these days of seclusion, the girl experiencing her first menses is given 'washer-man's clothes' to wear. Every morning, a *dhobi* would come at the door of the hut or screen space and leave the washed clothes for the girl to exchange with her dirty clothes. It is important to note here that the washed clothes which are given to menarchal girl actually belong to another girl, who is already 'aged' (had attained their puberty). For

a pubescent girl to get into these clothes, therefore, symbolises getting into a newfound role of a 'half-woman' – a role that if, on the one hand, confers lots of uncertainties and restrictions also brings promises of fecundity and fertility on the other. All her discarded clothes, eventually, are given to the forthcoming pubescent girls.

This practice has another aspect that has been overlooked in recent scholarship, that is, the significance of the 'consumption' of a *dhobhi*'s services for families. In return for his services to pubescent girls, the *dhobi* is paid from as low as twenty rupees to as high as hundred, two hundred or sometimes even five hundred rupees, depending on the financial status of the family. In recent years, it appears that the *dhobi* has acquired a prominent position in the puberty celebration not because of his role as a 'ritual specialist', as Kapadia (1995: 99) has discussed, but because of the phenomenon of 'status-display' associated with hiring the service of a *dhobi* for this ceremony. While describing their puberty experiences, women in Attipatti specifically discussed the social and economic importance of hiring a *dhobi* in puberty celebration. Many women have lamented the fact that no *dhobi* was hired for their puberty ceremony. This was particularly visible in cases where the girl in question either belonged to a very poor family or had elder sisters.<sup>36</sup> While Kapadia (1995: 98-99) has rightly observed that today, with decreasing significance of menstrual prohibitions, many families, in particular low caste Pallar and Muthuraja, have stopped taking loan-clothes from the *dhobi*, she missed the point as to why they have done so. In Attipatti, it is not the low caste families as such, who either have stopped taking loan-clothes from *dhobi* or stopped celebrating with 'elaborate' rituals and practices, but the low-income families or families with more than one daughter, who cannot afford to pay the heavy expenses, likely to be incurred during puberty ceremony including paying for *dhobi*'s services. This is due to the changing fact of social life in which 'material' discourses are increasingly outweighing other kinds of discourses, including the 'traditional' one which had been viewed by some scholars

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<sup>36</sup> It is always the case that a first daughter's puberty is celebrated with grand ceremonial arrangements in contrast to the subsequent daughter/s whose puberty is either celebrated with less formal arrangements or not celebrated at all. My female research associate – a science graduate – has always resented the fact that her puberty was not celebrated because she was a third and one of the youngest daughters in the family.

as characterising puberty celebrations in Tamil Nadu more than two decades ago (Beck, 1969; Reynolds, 1980; Kapadia, 1995). Contemporary puberty celebrations, therefore, are as much a symbolic act as an act of 'material and physical display'. Every part of the performance in this ceremony constitutes an element of status-competition on the part of celebrating families, which has significant bearings on a woman's marriage prospects. This can be seen in the village discourse on the ideal of puberty celebration: *the grander the puberty celebration, the grander would be the wedding event.*

### **3. 2. b. Out of the Seclusion: Becoming a 'Half-Sari' Girl or a Half-Woman?**

The second set of purification of the girl begins on the ninth day (among Gounders) or on the seventh day (among most castes including SCs). The piece of flower, which was placed under the tile of the roof of the house on the first day, is taken out and after purifying it ritually with some milk, is then buried. The hut in which she has sat for seven or nine days is also burnt away, which marks the release of a girl from her seclusion. Before being welcomed back into the central space of the house, she is given another purificatory bath with *nallenney* (sesame oil) and sandals by her close elderly female relatives. Among lower caste/class groups, the ritual elaborateness of such bath is of less significance. That is why it is not uncommon for mothers from these lower caste groups to participate in giving baths to their daughter/s despite the high caste concern for inauspiciousness involved in such acts, for the reasons discussed above. What is, however, equally important for lower caste/lower class group is the performance of a ceremony that takes place later in the evening to welcome a pubescent girl back into the home, called receiving *seer*.<sup>37</sup> A *seer* literally refers to a big rounded brass plate which is decorated with rich food items, flowers, fruits, betel leaf, nut, and a *half-sari* (also called *dhavani*).<sup>38</sup> Today, an added item to

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<sup>37</sup> This typically used to be on the seventeenth day. Kapadia (1995) has observed that today these purification rituals are often done as early as the ninth or eleventh day after the onset of girl's bleeding.

<sup>38</sup> Previously, the preparation of *seer* was considered to be a duty for the mother's brother in view of the potential marriage arrangement between an uncle and niece. Now the *seer* responsibility has fallen on to the parents or any other such member in the household.



the *seer* is the inevitable inclusion of gold and golden jewellery, suggesting a significant change in the perception of performing *seer*. The preparation of such a platter could cost from as little as fifty rupees to as much as a thousand rupees, depending on how much gold and other jewels are placed in it. In many cases, the gold given at *seer* is later used in the girl's dowry (at the time of her marriage). There are other major expenses likely to be incurred in hosting invited people for an elaborate Tamil meal in the evening, in addition to the cost of decoration and painting of the whole house. The total expense for hosting the entire event of the day has been reported to me as ranging from five hundred to thousands of rupees, depending on the financial position of the family involved. Not surprisingly then, many families in the village have become debt-ridden in their attempts to organise an outstanding and memorable ceremony of their daughter's puberty. The narrative in section 3.2.c provides some evidence of this fact.

Later in the evening, the girl dresses herself in *half-sari* and with other gold ornaments if given in the *seer*. She normally sits in a chair and receives invitees' blessings and gifts. A feast is served for the invitees, the cost of which varies from a minimum of thousand rupees to ten thousand or more depending on the family's financial capability. The end of dinner marks the end of the ceremony. From this day onwards, the girl slips into *half-sari* and is popularly referred to as a *half-sari* girl. A *half-sari* girl in turn is viewed as a *half-woman*, and thus required to maintain a physical distance from men. She is expected to carry on with this dress code until she gets married, when she is sworn into a *full-sari*, which would theoretically symbolise her entry into *full-womanhood*. In fact, the rhetoric of a small family norm suggests that she would not become a *full-woman* until she begets a son.

During her *half-sari* days, she is not allowed to play, interact with boys or other males, or to move alone outside the house; she is confined to a world of females only. The significance of a *half-sari* girl was revealed to me in the initial few days in the field when I expressed my intention to talk to some of them directly. My key informants, friends and NGO fieldworkers cautioned me not to do so as a *half-sari* girl is expected to avoid talking to males and strangers, even in the presence of

family members. Because this may have caused unnecessary tension and a source of conflict in the field I decided to respect the *half-sari* norm. An exception to this, however, was 25-year old Sangeetha – the only *half-sari* girl I could manage to interact with. Her narrative will follow later in the marriage section in this Chapter. It is perhaps this principle of avoidance and the gendered nature of social life that a girl is made to understand and internalise during her secluded days of puberty. That is why, from this day onwards, women's monthly periodic seclusion in one corner of their own house becomes a reminder of this avoidance principle.

### 3. 2. c. Puberty: A Call for Marriage Alliance?

In Attipatti, puberty is celebrated widely among caste and groups of all ranks (including SC and ST groups), as a sort of matrimonial advertisement through the invitation of relatives and friends. I heard a number of my informants talking about, and describing, puberty ceremony as being quite similar to a wedding ceremony; the practice was even referred to me as a 'mini-wedding' ceremony. This is done more convincingly among high caste Gounders and upwardly mobile Vanniyars but also among low caste and low income Lambadis, Scheduled Castes and Scheduled Tribes rendering caste factor irrelevant for the practice. Let me illustrate this scenario with the following account.

In the very first week of meeting my Lambadi friend, Ramu, I was invited to attend a *seer* of his mother's brother's daughter. I was warmly welcomed and served [along with other invitees] with an elaborate Tamil dinner of the kind unusually reserved for a wedding celebration. I was amazed to see the food-abundance and the decoration of the house. Back in the town, while sharing my splendid attendance at the puberty ceremony in the village, I was reminded by my privileged urban Tamil friends that such an elaborate meal and arrangement has traditionally been associated with grand events such as marriage or death and often with affluent people. Two months down the line in the field, I again had the opportunity to be invited to such an elaborate meal; the occasion was Muthukumar's marriage. Muthukumar, brother of one of my key informants, also the son of a rich landlord Gounder, was considered one of the richest men of the village. As I had known Ramu and his family over the year that I spent with them, they do not qualify to arrange such a grand feast over puberty, both socially [being a backward and lower caste than

Gounders and Vanniyars] and economically [being landless agricultural workers]. Politically, however, the event was of paramount significance for the community members. Annadurai, the President of Attipatti *Panchayat* – a Lambadi – took great pride and roamed around non-Lambadi villages for a couple of days, with his head high in pride. Once he met me on the way and asked if I witnessed this particular ‘grand’ puberty ceremony insisting that it would have been useful for my book on Lambadi culture.<sup>39</sup> I later learnt that to organise the mega-event, the family had borrowed Rs.10.000 from the Lambadi President, who was also a distant relative of the family. [Reconstruction from field notes taken in Attipatti between January and March, 2005]

Puberty ceremonies today, therefore, cannot be regarded solely as *rites de passage*, but have to be understood in the localised context of consumption and status competition, in a changing political economic context as that of Attipatti. Thus, celebrating the onset of girl’s menstruation and setting the process for her transformation into womanhood is not merely a site of ‘ritual display’, but also a site by which most families (with daughters) compete to display ‘material’ (prosperity) in order to invite the best bridegroom.

Finally, puberty is indeed a widely celebrated event in Tamil Nadu, not only across the caste spectrum but also across tribal and religious lines. Other than caste Hindus, the ST, Christians and Muslims also celebrate puberty, albeit differently. I had an opportunity to witness a puberty ceremony in a Tamil Muslim family in Mettur town (there were no Muslim families in Attipatti), even though there is no such prescription in Islam. When I asked about the religious legitimacy of the celebration, the family avoided it by saying that Tamil Muslims are different and that they had to do it because it is the culture of the Tamil people. However, each group claims to do it differently. As did this Tamil Muslim family by emphasising the fact that they only celebrated the *seer* ceremony on the last day of their daughter’s menses and that they did not follow the seven or nine days long ceremony in which a daughter has to be secluded in one corner of the house. Puberty celebration among Tamil Muslims is one of the social practices that has either no prescription or not been forbidden; the

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<sup>39</sup> Such a forced idea of researching and writing about one’s own community was not infrequent during my fieldwork. Likewise, the suggestion to write about one’s culture and tradition first came to me from Gounders.

acceptance of 'sterilisation' as a family planning method among Tamil Muslims is one such other practice. It would, however, be wrong to assume that all Muslims in Tamil Nadu follow this pattern; the practices that I have referred to exist among 'Tamil' Muslims per se. Such practices are completely absent and strongly disapproved of among 'Urdu' Muslims.<sup>40</sup> Not surprisingly then, Urdu Muslims are socially excluded and considered 'outsiders' by an average Tamil as they fail to internalise the normative guidelines commonly referred in Tamil social life as 'Tamil Culture'. In sum, from being an exclusive Brahmanical privilege, puberty today is much more widely celebrated by the masses rendering it a cornerstone of contemporary Tamil identity.

### **3. 3. Marriage: Becoming a *Full-Sari***

#### **3. 3. a. Age at Marriage and Education**

No sooner than the puberty ceremony for a girl ends, the preparations begin for her marriage. The puberty of a girl is a reminder to the family that the time for her marriage and its financial burden – mainly in the form of dowry – is dawning. Within a year or so of attaining puberty, it is considered ideal to get a daughter married off. In Attipatti, most of the women I talked to reported getting married within one to three years of the puberty. Child marriages (marriage before attaining puberty) are a rare phenomenon in the area and are generally reported (infrequently) from among ST and some Lambadis – an observation also substantiated by the local NGO working with women and children. Though people have difficulties in remembering the exact year/s of events, the onset of puberty has been reported to me between 12 and 15 years due to the fact that most young women I have interviewed attended school at some level (and thus were able to recall and relate these events together), unlike the older women who had no schooling and, thus, had difficulties in recollecting the exact date/years of events. Considering the significance of puberty

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<sup>40</sup> Urdu Muslims – easily identified on account of being able to speak Urdu language in addition to speaking Tamil – do not conform to standard Tamil Hindu practices unlike Tamil Muslims who do celebrate such ceremonies. I was able to observe and verify these differences from one large and extended Tamil Muslim family in Mettur in which one of the sisters was married to an Urdu Muslim family. I met the latter family while learning to improve my Tamil via Urdu, which I could speak fluently.

celebrations, the average age at marriage for the daughters would fall somewhere between 14 and 17 years – a qualitative observation from the field that does not match with the median age of 18.1 at marriage, as reported among women aged 25-49 in the NFHS data for Tamil Nadu (1992-93). As it appears from the range of interviews and talks that I carried out in the field, women are married much earlier in Attipatti than the state average suggests. It is an inauspicious sign and a matter of low social pride if the marriage of one's daughter is delayed for more than two to three years after the puberty celebration. It is considered, almost as a rule, that the longer the gap between the puberty and the marriage, the lower the social esteem and the respect one's family command in the village; an additional burden is the increase in demand for dowry costs for such girls. A delayed marriage is always viewed with suspicion in which the single focus is on a woman's chastity. The paramount significance of marriage for a woman in Attipatti can be seen from the narrative of 25-year old unmarried girl whose marriage had been unusually delayed according to the village norm.

Sangeetha was a 25 year old Vanniyar girl and was still unmarried. Her chastity was always in question for the villagers at large for she earlier had lived in the Coimbatore city, where she completed her graduate studies in biological sciences. Three years ago, when she had returned to the village, no family approached her family for a possible marriage alliance with her. People in her village wondered who would marry her; some also wondered if she was still a virgin, questioning her chastity. Her movement in the village was keenly watched and, thus, was a constant source of gossip and discussions and of tension as well. Their concern was mostly confined to the issue of 'influence' that Sangeetha might exercise over their own daughters. For this precise reasoning, unmarried girls in the village were routinely discouraged by their families to interact with her. Most married women would taunt her for not yet experiencing a 'woman's' life. To avoid facing such situation, she would spend most of her day time at a relative's house in the nearby village where apparently no one questioned her. On the other hand, I was told by some other villagers [particularly the middle-aged ones] that she was held in high esteem for being more educated than the village boys. Sangeetha was outraged to learn this [from me]: "they obviously do not want to present me as a 'bad' girl to you, because they are aware that you should not acquire a negative impression about 'their' women and Tamil culture. But I do not care as long as my family believes in me". Her family did believe in her and had never forced her to think of

marriage. Other than her age, what was also constraining Sangeetha's marriage was her stubborn attitude and persistent refusal to give dowry for her marriage. [Reconstruction from field notes: June, 2005]

Sangeetha's case exemplifies that it is indeed considered inauspicious and degrading for a woman to remain unmarried for a long time after puberty. She is, in fact, a yardstick by which most women in the village consider the consequences of a late marriage or even non-marriage. As the local belief has it, a single woman's body is considered to be haunted by evil spirits and, thus, may cause unseen trouble and epidemic in the village. Even the higher education of the girl cannot ward off such evil effects. Invariably, there is a negative association on the part of villagers between high education of a girl and her marriage prospects (as Sangeetha's case demonstrated). A daughter is generally allowed to finish her education upto 10th or 12th grade, but should stop studying further. Providing further education beyond high/secondary higher schooling is a rare phenomenon in Attipatti. Girls in Attipatti are culturally expected not to continue studies after the 12th grade as some in the village argued that it will become difficult to find a suitable match for her (if she studies higher). This appears to be commonsensical considering the fact that boys in Attipatti do not attend the college or the university courses. The general trend of boy's education in and around Attipatti suggests that most of the boys prefer joining vocational courses viz. diploma in engineering, mechanics, Industrial Training Institute, or short technical courses after completing the 12th standard. An average monthly salary of Rs.5,000 to Rs.6,000 was what lots of youths in the village have reported to me. With such a scenario, it is not difficult to see why higher education, particularly vocational education, is rendered ineffective in marriage considerations for women. In fact, investment in educating daughters itself is seen as cutting down the dowry fund that is virtually formed in people's mind after a daughter is born in the family (I will consider some ethnographic evidence towards this in Chapter Eight).

There are many other variables and factors, such as urbanisation, industrialisation and modernization, per capita income of the family, caste system, women's work participation, and female autonomy and empowerment, which might affect women's

marriage, and thus, their social and economic status. In Attipatti, with the onset of changes in different spheres of social life, marriage rules and considerations are changing too. In this section, I will restrict my discussion to discourses of changes around rules of kinship, health and bio-medicine, astrology, and dowry-practice, and the way it affects women's reproductive life, including marriages in Attipatti today. Before presenting the contemporary discourses, let us see first what has been the cornerstone of the traditional Tamil marriages. The reader needs to be reminded here that the referent point to marriage rules and all such referents are women (Ego) unless otherwise explicitly indicated.

### **3. 3. b. Affinity in Marriage: From Isogamy to Hypergamy?**

Tamil marriages have traditionally been based on cross-kin marriage system. Unlike marriages among the Hindus of North India, where strong exogamy exists within an endogamous marriage, the Hindu Tamil prefers marrying with close kins, in particular, with cross-cousins; parallel-cousin marriages are prohibited and are considered incest and taboo. Dumont (1957) and others have, thus, mentioned the marriages taking place between children of the cross-sex siblings of Ego's parents as cross-cousin marriages. Therefore, a female Ego's MB's (mother's brother) and FZ's (father's sister) sons would be the most preferred spouses for Ego. The sons of the Ego's genealogical parallel-cousins, i.e. Ego's MZ (mother's sister) and FB (father's brother) would be her 'brothers' and so she could not marry with them, but enjoy 'brother-sister' relationship. However, many writers have pointed out that the term 'cross-cousin' marriage system, in fact, does not refer to the most preferred marriages between *Tai-Mama* (mother's younger brother) and *Akka-Ponn* (elder sister's daughter) (Beck, 1972; Good, 1978; Kapadia, 1995). Therefore, the use of the term 'cross-cousin' marriage to define traditional Tamil marriage becomes problematic as mother's younger brother is not a cousin at all (Kapadia, 1995). It is largely this marriage pattern that people in Attipatti and elsewhere in Tamil Nadu have recently begun avoiding when they refer to avoiding *sontham kalyanam* (marriage with a kin). Therefore, the traditional marriages that used to take place

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among Tamils vary from the most preferred between a female Ego's MB to her MB's and FZ's sons and all such classificatory kin who are similarly related to her.

Much has been written on the structure of Tamil kinship in the context of its usefulness in bringing about favourable marriages for Tamil women. This pattern of marriage is often considered as an egalitarian 'isogamous' marriage structure for women and is also referred to as 'Dravidian' marriage system, and often contrasted to 'hypergamous' marriages among caste Hindus in North India. More often than not the existence of cross-kin 'isogamous' Tamil marriage has been understood and represented to explain the relatively better position of Tamil women – notwithstanding the existing scholars who also assert that kinship discourses and kinship systems vary considerably across Tamil Nadu (Dumont, 1953; Dumont, 1957; Dumont, 1983; Barnett, 1970; Barnett, 1976; Good, 1978; Good, 1980; Good, 1991). Such a marriage structure suggests that neither side gains higher status or class mobility through marriage alliances, making it a less complex and less a political event as compared to Hindu North Indian marriages. One of the strong features of this marriage structure was the existence of 'bride-price' – the reverse of north Indian 'dowry' – whereby the bride's family receive a gift of 'bride-wealth', placing the financial burden of marriage on the groom's family. Such an arrangement was thought to have been possible due to women's social position that had been materially different in the southern parts of India, with daughters not infrequently being endowed with landed property through informal rules of inheritance (Mukund, 1999). It was perhaps this singular feature of traditional Tamil kinship marriages that led many anthropologists to suggest a relative higher social position for women in South India (Dyson and Moore, 1981).

However, such an understanding of women's relative higher social position is fraught with tensions and contradictions and has increasingly been questioned in recent years. In a significant analysis of Tamil kinship structure, Kapadia (1995: 13-45) has criticised andocentric kinship discourse (often portrayed as largely positive), in which women's views about their own place in it are rarely taken into account. Viewed from a woman's perspective, women have, in fact, subordinate status



relative to the status of men of their own family and social group. Kapadia (1995) argues that deep inequality has always existed between the genders in non-Brahmin marriages but has been hidden in the public discourse of Tamil kinship. By pointing out the ambivalence of women's attitude towards marriage and affinity, she argues that "the quality implicit in the term 'isogamy' is the equality of affinal males" (Kapadia, 1995: 14). On the other hand, the increasing reports of dowry and female infanticide from some parts of Tamil Nadu since early the 1980s have been accompanied by some discussions of the breakdown of traditional cross-kin marriages. A similar trend of moving away from village endogamy and cross-cousin marriages has been noted by Osella and Osella (1999) in the context of consumer practices that provide access to social mobility in Kerala. They noted "wholesale disdain for village endogamy" on the part of men (and the parents of boys) leading to "increasing preference for marriages conducted outside of the village" where large dowries and extravagant celebration are the hallmark of contemporary marriages (Osella & Osella, 1999: 1010; also see Osella & Osella, 2000). In yet another analysis of Tamil marriages, Kapadia (1995: 46-67) has examined the breakdown of traditional cross-kin marriages among non-Brahmins; she related the changing preference and practices in Tamil marriage to the social processes of modernization, urbanisation, and *Brahmanisation* (rather than *Sanskritisation*). Indeed, marriage patterns are fast changing from kinship to non-kinship marriages in contemporary Tamil Nadu. There are also some state-level statistics that suggested that the rate of consanguinity (taken as marriage among blood-relations) declined during the seventies and eighties; again, the decline being more significant in the rural areas compared to urban (Nagaraj, 2000: 69-72). There is an increasing tendency to view the changing marriage patterns (from kinship to non-kinship) and the increase in 'female infanticide' in Tamil Nadu as inter-related social phenomenon (Nagaraj, 2000: 75; also see Swaminathan *et al.*, 1998). Some have also gone to the extent of suggesting that "the desire for a large dowry is another reason for not having consanguineous marriage" (Richard and Rao, 1994: 25-26 cited in Nagaraj, 2000: 73). In short, there seem to be some reasons to discard a theory of 'isogamy' in Tamil marriages in favour of understanding these marriages as 'hypergamous'. Such a marriage structure has its own bearing on and complications in arriving at an

understanding of women's worth in social and public life, as the rest of this section demonstrates through some ethnographic data.

### 3. 3. c. From Adherence to Search: A Dowry Discourse?

The above discussion pointed out that one of the effects of the onset of dowry-practice in Tamil social life has been the increasing break up of kinship rules or consanguinity in marriages (Nagaraj, 2000). I do not want to suggest here that dowry-practice is the cause of this break up, however, dowry-practice certainly has provided the context in which 'cross-kin marriage' is seen as a less viable option in the wake of increasing consumption, economic demands, and pressures brought about by new forces of economy and social change. Indira, a 55 years old Vanniyar woman, provides an analytical focus on the relationship between dowry-practice discourse and why the current generation of males is marrying outside village and kinship:

If you marry with your close relatives, there would be no question of asking for a dowry in the marriage. After all, how can a *Tai-Mama* ask dowry from his own sister, if marrying *Akka-Ponn*. [Field notes from interview: May 09, 2005]

It is not only dowry-practice that is invoked in the village discourse on changing marriage, but also bio-medical and astrological considerations that are at work. I will return to these considerations later but let me first illustrate and provide something of the context of Attipatti in which marrying outside the blood relations have come to be imaginable.

There are at least two clear trends of change in marriages in Attipatti: one, marriages are increasingly preferred outside the affinal group; secondly, choice-marriages (love marriage) have increasingly been the emerging pattern and have, thus, led to a few inter-caste and inter-religious marriages. A casual survey of such marriages led me to interact with one Hindu widow, who was married to a Muslim and another Hindu woman who had been married to a Christian convert in the village, besides noting about a dozen such marriages that I heard of in my everyday interactions with

villagers. By comparison, inter-caste marriages appeared far more common than inter-religious ones. Furthermore, while the preference for non-kinship marriage is predominantly associated with the upwardly mobile Vanniyar caste, the inter-caste and inter-religious marriages are typically ascribed to the lower caste Lambadis and Scheduled Castes. Going by village discourse, the high caste Gounders still marry preferably with kin, in order to keep their land and property intact. However, in reality it is only the daughter's marriage that is often attempted with an existing kin in order to avoid land-fragmentation and to keep the dowry demand at bay, while a son's marriage is typically sought in far off areas with distantly related family in the hope of bringing additional wealth through a dowry.

Muthukumar, aged 31, my Gounder host's only son, finally got married to a girl from a rich Gounder family from the Erode district, even though there were a couple of marriageable girls available within close relatives in the village. When I asked his mother, she told me that *peru-poruttam* [matching of names] by the *Jathagakarar* [Astrologer] suggested avoiding such a marriage. On the other hand, his elder sister, Parimala, aged 33, was married to a kin person. Her husband had, however, deserted her for another young woman, five years after the marriage, and was cohabiting with the other woman, leaving his wife and a son behind in the natal family. Recently, she joined the local NGO to work against dowry and female infanticide practices, as a village-level activist. As my key-informant, she later confided to me: "I am happy for the fact that my brother has married a non-relative girl for he would respect her and would not leave her the way my husband left me for another woman because if he leaves her, the girl's family would ask him to return the 'huge' dowry that was given in her marriage. This is something I am not happy about. My mother was always eager about getting lots of dowry for my brother even though she did not give any in my marriage. I can not even ask for a divorce from my husband – and no one here can – as it would lead to fight between our families. However I could have, if my mother had given a 'huge' dowry in my marriage as well [chuckled as she spoke]". [Field notes: March 19, 2005]

Her last sentence was, of course, uttered jokingly and half-seriously, but it soon gave me a reason to think of why my young women respondents were critical of *sontham kalyanam*. Such critical response about kinship in marriage on the part of these respondents was part of a female discourse that was seldom spoken in public places in Attipatti. Marriages in Attipatti are generally contracted within the caste and by

the families and, thus, there is theoretically no individual freedom for the boys and the girls to marry. The ideal marriage is considered to be the one arranged by families and parents of the boy and the girl. It is, therefore, the changes within arranged marriages that I seek to explore here.

In recent years, marriages in Attipatti have increasingly been preferred outside the traditional marriage patterns, i.e. between uncle and niece. From the village elders' accounts, such marriages were the accepted norms for most young men and women in Attipatti a decade or two back, i.e., before the coming of changes in different spheres of life, most notably in the fertility structure of families (some evidence in favour of this discourse will be considered in section 3.3.f). Today, an increasing number of young men in Attipatti have left the agricultural sector, due to uncertainty and hard labour (that it requires), in search of 'service' based jobs, guaranteeing a regular flow of income. With increasing availability of education and transportation and with salaried jobs increasingly made available in the nearby towns of Salem, Erode, Coimbatore, and Trippur, differentiation was evident in that most of the youths resorted to new and modern sources of earning money such as Information Technology professionals, technicians, school teachers, clerks, and so on. A regular salary with frequent visits to cities and towns has become the ideal aspiration of an average youth in Attipatti. Those who could not compete in these spheres joined less skilled professions in the cities such as the transport industry as lorry drivers, helpers, and clerks, and as liquor men, textile workers, and simply factory workers. Those who were tied to their lands as erstwhile cultivators have now become wage-labourers and out-migrated to neighbouring states of Kerala and Karnataka as the wages in these states are almost twice than that in their own villages. Thus, a group of families of 'gainers' in Attipatti has emerged which have been referred to me as 'upwardly mobile'. This is mainly the Vanniyar caste, but such a class exists more or less within all communities and castes in the village; each caste has their own 'upwardly mobile' families and 'gainers' as their reference point. As a result of their long stay in cities and towns, these upwardly mobile castes/families have imported new aspirations, new values, and new life styles norms, which others in the village simply aspire to follow. In short, the processes of gaining upward mobility have been

set in motion for some families and castes in Attipatti amidst increased transportation, urbanisation, and worsening agrarian conditions. It must be emphasised that only males migrate; women stay behind to take care of the children and the household. There are also families where men just do nothing; most of them reportedly have a serious drinking problem. As a result, women in these families have to act as bread-earners. With the exception of only few women, who work as SHG members with the local NGO, most women have only the option of working as *coolie* (agricultural labourer) in the village. While *coolie* men are able to earn from as little as Rs.100 to Rs.150 per day (for they are able to migrate to areas where wages are high), *coolie* women can only hope to be get paid as high as Rs.40, in lieu of their labour in the agricultural field, quarries or sometimes in the brick kilns. Therefore, at the cost of men's out-migration for work, women in Attipatti are reduced to petty wage earning; their considerably lower wages leading to their devaluation and underlying their inferiority further.

There are two effects of this transformation on women's marriage prospects. First, the upwardly mobile class/caste began using (female) marriage as a means to 'further' their social mobility by 'searching' for the most eligible groom for their daughters. Such a search requires them first to ignore the traditional system of marriage by looking for the most eligible groom outside the 'blood relatives' in the village and then to be able to pay for the heavy expenses likely to be incurred by the marriage, including dowry giving. This is how most people in the village sketched me a social history of dowry-practice and the growing incidence of non-relation marriage, particularly among the upwardly mobile Vanniyars. Second, the capacity of the upwardly mobile families to use dowry as a means to capture the most eligible groom in the community has affected those who were not so upwardly mobile; the rest of the community soon adopted dowry-giving as the standardised life style norms set by the upwardly mobile. This, many in the village believed, has also encouraged families with sons to ask for a dowry by marrying outside their blood relatives. In fact, an intelligent friend in the village reminded me that this is the same family who now asks for a dowry in order to compensate for the dowry given in a

daughter's marriage.<sup>41</sup> There is indeed a consensus in the village that those who are in salaried jobs or have once been exposed to city life prefer to find a bride from distant places in the hope of getting a 'handsome' dowry.

### 3. 3. d. Bio-medical Discourse

As highlighted in the context of fertility decline in Tamil Nadu in Chapter Two, the incidence of consanguinity (i.e. marriage with kin) has been declining in recent years. The decline has been lower in urban areas compared to rural, and among the more educated compared to the illiterate population. This was attributed to urbanisation, an increase in levels of education, and the impact of agrarian social transformations on the marriage system in Tamil Nadu (Nagaraj, 2000: 69-72). There has been another important factor that has had a profound effect on the rural populace's choice of marriage which is the introduction of bio-medical ideas around fertility brought about as a consequence of the upgrade and modernisation of the health infrastructure. Tamil Nadu is said to have made an impressive gain in improving the quality of healthcare services, an increase in the infrastructure of hospitals and PHCs, an improvement in contraceptive services, a comprehensive package of maternal and child healthcare, and campaigns and trainings on rural health issues, in particular. All this, of course, has been made possible with an international intervention – in the form of financial aid – by the world development agencies like DANIDA and the World Bank (see <http://www.tnhealth.org/healthdirectorates.htm> last accessed on December 19, 2007).<sup>42</sup> Needless to say, a western bio-medical model of health and wellbeing has been at heart of these joint-initiatives and has, thus, made inroads in areas where such provisions of healthcare have been made available. Attipatti, being part of

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<sup>41</sup> Such a discourse resonates very well with the dowry-practice in North India, where Kishwar (1989:5) noted that dowry-givers and dowry-takers are not neatly divided into two separate and opposed groups, implying they are the same family (cited in Sunder Rajan, 2003: 205).

<sup>42</sup> Tamil Nadu has been receiving external aids from DANIDA since 1981, under the Tamil Nadu Area Healthcare Project, to improve the health and family welfare status of the rural population in the project area. Since 1997, Tamil Nadu has been also receiving funds from World Bank under Reproductive and Child Health, which exclusively focuses on infant and maternal mortality (for more information, see <http://www.tnhealth.org/externallyaidedprojects.htm> last accessed on December 19, 2007).

Salem district, has been covered by DANIDA project since 1981, and since 1997, also covered by World Bank assisted project on mother and child care.

It is, therefore, not only dowry-giving that has driven most men to marrying outside blood-relations but also bio-medical discourses of health and well-being. Once the upwardly aspiring youths have been exposed to outside world, they have also grown conscious of the implications of bio-medical discourse on cross-kin marriages. The males, in particular, are increasingly growing concerned that if they marry their close blood relatives, then their children will be born with genetic defects. The bio-medical discourse, which asserts negative consequences for such marriages, is often held accountable for the changing preference in marriage. Talking about his distant relative's marriage from the nearby village, 27 year old Appadurai recounts:

Nagamani, aged 31, got married last year with his *Akka-Ponn* [elder sister's daughter], and this year the couple have given birth to a male child, who was affected by polio at birth. My family had already warned him not to marry her, but since he refused, he is suffering now. I would never marry a blood relative. [Field notes: January 26, 2005]

This explains the disillusion currently surrounding most youth in Attipatti. Such disillusion are understandable on the part of male youths given the fact that dowry-giving will not come into play if a man marries his elder sister's daughter or a cross-cousin. However, it is somewhat unusual to see women talking about their dis-preference for such marriages, as Subha's case exemplifies. Shubha, 27 year old, was a 12th grade educated Gounder woman from Salem city, who was married to her mother's younger brother, and thus, had to settle down in Attipatti. She said:

I never wanted to marry with my *Tai-Mama*, who is 20 years older than I am. Much before marriage, I told my mother that I was informed in the school that such marriages are not good for our children. The family agreed to [respect] my wish and went on looking for a suitable groom outside blood relation. But then I was not destined for such a marriage. Our *Jathagakarar* revealed that I was born with a *Sevvai Dosham* which meant I could only be married to a groom who also has a *Sevvai Dosham*, otherwise the bridegroom will

die.<sup>43</sup> My family went on hunting high and low for a *Sevvai Dosham* groom but could not find one. In the end, I was married to my *Tai-Mama* as he was a *Sevvai Dosham*. [Field notes: March 22, 2005]

The alternative female discourse as well asserts a non-preference for kin-marriages, though this is rarely taken into account. Kapadia (1995: 43-44) has also pointed towards this alternative discourse as hidden, muted, and weak in the context of kinship marriages when her respondents silently revealed to her in their saying: “Kinship burns!” (*Sontham sudum!*). While such a view was seldom spoken a decade ago or so, today it has sprung into the open due to a combination of a bio-medical and astrological discourses on marriage that is currently making the rounds in the rural areas of Tamil Nadu amidst the increasing commercialisation of public health deliveries and growing presence of local NGOs in people’s social life. In my everyday visits to the government maternity wards and health centres, I often witnessed doctors and nurses routinely telling their female patients about the ‘side-effects’ of *sontham kalyanam*. Sometimes, the incidence of a polio-affected child or a child born with genetic abnormalities is presented to these patients as negative outcome of *sontham kalyanam*. Women, in particular, are increasingly moved by the idea that if one gets married to one’s closest kin such as *Tai-Mama*, or cross-cousins, one’s child will be born mentally retarded and could suffer a physical disability. It appears to be the case that all these discussions and uncertainties are taken seriously by parents during matrimonial alliances. On the other hand, NGO fieldworkers go in the field with messages and slogans for a late and non-relation marriage. It is, therefore, not uncommon to hear people complaining on the medical and genetic complications of kin-marriages as one of the narratives has shown. Whether or not people understand the bio-medical complications of cross-kin marriages, women have certainly found a refuge in these discourses to make up for the *sudu* (burn) of *sontham* (kinship) that they had earlier suffered.

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<sup>43</sup> *Sevvai Dosham* refers to one of the few *dosham* (astrological dangers) associated with *Sevvai* (Mars).



### 3. 3. e. Astrological Discourse

As suggested above, changing preferences in marriage has also to do with the astrological discourse in the village. Such a discourse implies that that no puberty, no marriage, and no birth can be materialised without ‘consulting’ a *Jathagakarar* (astrologer). The institution of *Jathagam* (horoscope), and hence the role of a *Jathagakarar*, has come to acquire special prominence given its widespread acceptance across caste and class lines in recent years.<sup>44</sup> From being a ritualistic apparatus of few in the past (quite akin to puberty ceremony), the growing practice of making a horoscope at birth has become a mass-practice now. If it is leading to commercial proliferation of *Jathagakarar* (some of them have begun using computer software for astrological prediction), the practice is also leading to the consolidation of this institution not only for ‘cultural consumption’ but also economic considerations. Therefore, consulting a *Jathagakarar* not only relieves families from unseen troubles but also confers social status on the families. Proper horoscopes, consulted and made at the time of birth, are still the prerogatives of high caste, high class and upwardly social groups in Attipatti. Lower castes and poor families go for cheap *Jathagakarar* who help them prepare *peru poruttam* (matching of names) to arrange marriage. Thus, depending on the family’s financial situation, *jathagam* is taken into account. In fact, matching of names has become the most popular and common form of bride/groom hunting. Matching of names is certainly not an easy job as it requires the matching of at least 8 out of 13 stars on the part of prospective couple’s profile (as told to me by a local *Jathagakarar*). I have known over a dozen families who have tried over 50 such ‘matching’ of names, but could not match yet. The involvement of a *Jathagakarar* is, nonetheless, essential in finding a match.

Astrology has, therefore, increasingly acquired a crucial role in the commercialization and materialisation of marriages. The horoscope made at the time of birth is generally used for arranging marriage. However, in reality, a proper *jathagam* is made at birth only for boys. For girls, a *kurippu* (menstruation-

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<sup>44</sup> In recent years, the use of *jathagam* at birth has increased radically for the purpose of sex identification of the next child. Within twenty-four hours of usually the first child’s birth, a *Jathagakarar* ought to be consulted for making horoscope, by which time the sex of the next conception, if the mother wishes so, is predicted.

horoscope) is made at the time of her attaining puberty. When a *Jathagakarar* is called into service by the families at the time of arranging a marriage, all he does is to match the *kurippu* with a *jathagam* in order to confirm and pronounce the compatibility of the couple. The increasing reliance on *Jathagakarar* for the arrangement of marriage also speaks of the trends in marriages outside relations. Many elderly people in Attipatti recalled that there was no need to consult *Jathagakarar* in their time. Had there been a *Tai-Mama* and *Akka-Ponn* or any other such close relatives in the family, the marriage was arranged without giving a second thought. However, with very few *Tai-Mama* left around today, many families are seeking marriage alliances outside relation by competing for the consultation of a proper *Jathagakarar*, whose service costs from a minimum of Rs.100 to a maximum of Rs.1000 or so, depending on the demand and reputation of the *Jathagakarar*.

### 3. 3. f. The Demographic Squeeze: A Silent Revolution?

There is also a final factor as to why uncle-niece marriages, in particular, are becoming less and less common these days. It is because there are very few marriageable *Tai-Mama* left in Tamil Nadu, as a result of the demographic squeeze brought about by the fertility decline in Tamil Nadu. Theoretically speaking, for a marriage to take place between an Uncle (*Tai-Mama*) and his Niece (*Akka-Ponn*), the difference between a prospective bride's mother's age and that of her mother's younger brother's age has to be a minimum of 10 years or more. The contemporary demography of Tamil villages, after the decline of Tamil fertility over the last two decades, has been leading to an alternative route to family-making. The fertility decline in Tamil Nadu has been accompanied by the drastic 'squeeze' in the age of siblings, and in shortening the birth-spacing. The increasing acceptance and practice of (female) sterilisation for family planning in and around Attipatti suggests that the reproductive years for a woman have drastically shortened in recent years. At the age fifteen or thereafter immediately, she gets married, delivers the first child within a year or so (in order to establish her fecundity for the family), the second and/or third child within one or two years (to complete the ideal family size) provided there has been no health complications during delivery. This observation is in line with the

facts that there is no short term contraception method operative in average rural Tamil families; the only contraception being permanent (female) sterilisation. Furthermore, unwanted conception leading to forced (unwanted) abortions has been increasing recently amidst fertility decline in Tamil Nadu (Krishnamoorthy *et al.*, 2004). Many women I have interacted with during my fieldwork have reported having undergone at least one pregnancy by 'mistake' (as they call it) leading to induced abortions. This is also substantiated by the local VHN, who has expressed her concern to me for the safety of such abortions as these are done locally by women themselves, increasingly so with the recent availability of abortion pills on the health market. In short, in the light of prevailing fertility practices and the family demand to procure the desired number of children before being sterilised, there is little hope left in the future for the materialisation of uncle-niece marriage at all. Such marriages are only possible in a population where there exists long birth-spacing pattern between the off-spring – a demographic scenario that existed before fertility decline in Tamil Nadu set in. In such a quick and shortened cycle of reproduction, where the age gaps between siblings have drastically narrowed, it is simply no longer possible to find a *Tai Mama* for a girl.

### **3. 4. Childbearing: Becoming a Mother**

As pointed above, it is considered ideal and safe for a young married woman to deliver the first child within a year of getting married. The sooner she gets pregnant the better in terms of her prospect of being accommodated and accepted by her husband and her in-laws in the family. She does not become a 'woman' as long as she does not give birth to a child in the family. For some families and women, she does not become a 'mother' if she does not give birth to a son. This was the viewpoint, particularly, shared with me by two of my women respondents who were hoping to give birth to a son after having borne daughter/s. If for some medical reasons, she fails to conceive over the years, her barrenness can become a valid ground for her husband to seek another 'woman' as she herself did not become a 'woman'. This attitude was shared by most of my female respondents and even the local NGO women fieldworkers. Seven of such fieldworkers were not cohabiting with their husbands as their husbands had deserted them and started living with an

unlawful and unwedded 'keep'.<sup>45</sup> At least three of them had not borne any children and were told by their husbands to keep silent on this ground. This is such a deeply entrenched practice that the local NGO has rehabilitated these women by employing them rather than challenging the practice and helping these women fight for their rights to divorce. While men's living-in with unlawful quasi-wives is accepted and somewhat socially sanctioned (in the sense that nobody ever raises and questions the practice in public domain, not even the local NGO), the same is unthinkable for women. In short, women's barrenness is considered a valid ground for men's extra-marital affairs and is thus justified. Besides meeting the NGO fieldworkers mentioned above, I was introduced to about a dozen such women who had to accept and normalise their husband's extra-marital affairs because they failed to exhibit procreative potentials for the family. Such women are made to internalise the view that it is for begetting children that marriages are contracted; hence, there is no basis for complaint about their husband's behaviour. Being doomed to be a childless woman – and, in particular a sonless woman – thus, is one of the most dreaded fears for Tamil women. Not surprisingly, when a woman becomes pregnant, it is a cherished and celebrated moment both for the family and the mother. In such a moment, ironically, it is again the pregnant mother and her natal family that have to meet all the expenses in bringing the child into the social world. Let us look at some of these practices and their implications for women's social positioning.

### **3. 4. a. *Valaikappu*: rites de passage into the Motherhood**

Women, in general, take pride in telling their husbands and in-laws about a pregnancy. During the last few months of pregnancy, she moves into her natal family's home to deliver the child where her pregnancy and its maintenance are taken care of. Her coming back to her natal house is a widely celebrated event throughout Tamil Nadu. In preparation for her delivery, mostly during seventh but also ninth month (varying in different caste groups) of pregnancy, a ceremony is performed for the expectant mother, called *Valaikappu* (also called *Seemantham* in

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<sup>45</sup> Even in standardised everyday rural Tamil, these women are referred to as 'keep', which means a concubine.

other parts of Tamil Nadu). The ceremony is traditionally hosted in the husband's house, but the costs and arrangements are met by the woman's natal family. Only after performing this ceremony does a pregnant mother move into her natal family home. However, in Attipatti, a few families from SCs and Lambadis have conducted the ceremony at the woman's natal house itself. The ceremony signifies the passage of women into motherhood by celebrating fertility. More importantly, the ceremony signifies the transformation of foetus (*karu*) into a child-like entity that needs to be nurtured alongside the mother. This is precisely the reason why abortion or miscarriage after the ceremony is strongly disapproved of, as opposed to pre-ceremony period when there are much lesser taboos against abortion. Also, after the ceremony the pregnant mother's movement is strictly restricted to within the household domain. She is also expected to avoid meeting widows and childless mothers lest their own conditions might cast an evil eye (*kan-drishti*) on to the pregnant mothers and destroy the baby in the womb. Even though the foetus is culturally transformed into a child-like entity, no attempt is made to declare the sex of the child in the mother's womb unlike Nayers of Kerala, amongst whom a similar ceremony is conducted during the ninth month of pregnancy, called *puli-kuti* (literally meaning drinking tamarind juice). An anthropology of this ritual was first provided by Fawcett who reported that "the pregnant woman, after having bathed and properly attired," is called in to sit in the courtyard facing eastward at the auspiciously appointed hour of the day when her brother "pours tamarind juice, through a knife, three times into her mouth" (1915: 242-44). She then is asked to pick one out of several packets of different grains placed before her in order to declare the sex of the child in the womb. The ceremony continues to be celebrated to this day (see 'celebrating pregnancy' on the web portal called 'mother's space' at [http://www.mothersspace.in/pregnancy/pregnancy\\_traditions/celebrating\\_pregnancy](http://www.mothersspace.in/pregnancy/pregnancy_traditions/celebrating_pregnancy) last accessed on February 13, 2009) Although there is no such attempt visibly made to fix the sex of the foetus during pregnancy ceremony in Tamil Nadu, some attempt – albeit with no ritual sanctions – is nonetheless made outside the pregnancy ceremony. I have described the use of a particular weed (*Korai*) in Chapter Eight (page 272) in relation to an ethno-physiological discussion on abortion and sex determination practices. Although *Korai* is commonly mentioned as one of the

indigenous methods of sex determination by the women in village, I did not come across any mother who has taken a serious view on the utilisation of *Korai*. Also, the practice is never discussed in relation to *Valaikappu*. All this suggests an entirely different concern with regard to the celebration of *Valaikappu* among Tamilians, i.e. its significance for the consumption of elaborate exchange of expensive gifts along with a display of food, gold, cash and other household appliances. There has been lately increased pressure from the husband's families on to the wife's families for providing expensive gifts and other items of material comforts rendering the pregnancy ceremony to a post-marriage form of dowry. Van Hollen (2003) also discusses a similar trend in reproductive rituals in the context of her ethnographic research on childbearing in north-eastern parts of Tamil Nadu. In examining how processes of modernisation have impacted the use of birthing technologies and transformed reproductive rituals, she associated the ceremony with the rising trend of conspicuous consumption in the context of growing privatisation and economic liberalisation in Tamil Nadu and throughout South Asia. By comparison, I focus on the economic exchange and consumption aspect of the ceremony in order to demonstrate the material elaborateness as a contemporary aspect of the ceremony.

The term *Valaikappu* literally means the protection of the womb, but in everyday usage it refers to adorning the mother with glass bangles. On this day, thus, an expectant mother is given a lot of colourful glass bangles to wear with the hope that the sound of these bangles would reach the child in the womb. This is precisely when people begin to explicitly refer a foetus as a child. These bangles can only be removed at the time of delivery and are generally given to midwives or other assistants at the birth of the child. Prayers are invoked for the well-being of the expectant mother and her foetus, though no priest is usually called in. Generally, the mother-in-law or a sister-in-law adorns the mother with bangles, making most of the ceremony women-oriented. The only time men, particularly elderly men, are called into blessing the mother is in the evening when a feast follows to which relatives and friends are invited in big numbers. Some families have gone to the extent of printing cards for an invitation to the occasion, quite similar to wedding ones. The feast typically consists of five varieties of vegetarian rice (*kalavai satham*), which has

traditionally been eaten during this ceremony only. The invitees then present gifts to the family of the pregnant mother. The pregnant mother's family is required to gift the daughter with silk saris, gold and silver chains, bangles, and anklets.

The total cost of this ceremony ranges from a minimum of Rs.5.000 to anywhere up to Rs.20.000 in Attipatti. The major expenses that can be minimally spent during the ceremony include the cost of a sovereign gold chain, which stands at Rs.5.000 to Rs.6.000, in addition to gold bangles, silver anklets and bracelets, which are considered an important aspect of the ceremony. If we include other expenditures like presenting expensive silk saris to the expectant mother, arranging feast for the invitees, and other such material actions, the total costs would be much more. All such expenses are single-handedly borne by the natal family these days. The *Valaikappu* ceremony, therefore, has acquired a material significance for the family, as those who are well-off spend openly to display their material abundance and compete for a respectable class identity, irrespective of their caste identity.

I was once invited to a *Valaikappu* ceremony among a low-caste Chakali (SC). I was not specifically told of this ceremony beforehand; I was simply asked to come to attend a family function. This turned out to be such a grand celebration that I at once mistook it for a wedding celebration – quite akin to my previous experience of attending a puberty ceremony. The house was newly painted, the doorway decorated with flowers and *kolams* (geometric designs made of rice flour), and extended by temporarily erecting a tent in front of the house (latter being usually done during wedding events).<sup>46</sup> The ceremony continued through half the night with musical performance by an orchestra band, hired by the family. The total cost of this ceremony was estimated at Rs.20,000. The *Valaikappu* ceremony, therefore, presents further evidence of increasing 'consumption-orientation' and aspirations to emulate high caste and high class groups' identity.

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<sup>46</sup> These *kolams* are decorated at dawn in the doorway by most Tamil women as a sacred space whereby all sentient and non-sentient beings who pass in and out of the house brings blessings to the household (see Van Hollen, 2005 for a heuristic interpretation of these *kolams* in an analysis of birthing and child-delivery in Tamil Nadu).

Can these expenditures be not, then, better understood as the post-marriage form of dowry expenditures that continue to be paid until a woman's biological reproduction ceases, i.e. not until a woman is sterilised? Indeed, there are other costs involved for the mother and her natal family in child-bearing. For instance, the cost of regular medical check-ups and the childbearing is also borne by the natal family. Due to an increasing health campaign and awareness by both the VHN and the NGO fieldworkers, most pregnant women undergo regular and intensive medical check ups during the last few weeks of pregnancy. Ideally speaking, these check ups are done thrice under the Government's ANC programme – in the middle of the second trimester (between the 4th and 5th months), in the beginning of the third trimester (7th month) and towards the end of the third trimester (9th month). These check ups, if done in a private clinic, can be quite expensive and yet more women want to consult private practitioners as the government services are described as irregular and unreliable by these women. Thus, most women I interviewed reported having had at least one ANC visit (instead of the programme's three or more), particularly during the last few days/weeks of pregnancy. The practice of at least one ANC visit in Attipatti is, in fact, consistent with the findings of a study conducted among a much larger sample (1254) of women from rural population elsewhere in Tamil Nadu (Nielsen *et al.*, 2001). Since the ANC is often done towards the end of pregnancy, by which time a mother has come to live with her natal family, any cost incurred is the natal family's responsibility. In Attipatti, there are no midwives who could assist with delivery, suggesting a limited occurrence of home delivery. As mentioned earlier, the VHN, who is expected to be present round the clock in the village health clinic, could not afford to stay in the village after evening as she has to go back to her home in a nearby town to take care of her own children. Consequently, a pregnant woman is immediately taken to the nearby government or a private hospital, if the delivery happens in the night hours. The costs of transporting a pregnant woman (by hiring a private vehicle) to the nearby delivery centre could be significant. Yet, under the growing bio-medical influence, most women consider it prestigious to be attended by a private nurse while delivering the baby. Needless to say, all such services have come to be paid for by the natal family. Considering the implication of these practices, it is not difficult to see why the birth of more than two children in the



family, in general, and more than one daughter, in particular, is experienced as a moment of curse and unhappiness in Attipatti.

### 3. 5. Conclusion

This analysis of the changing context of women's reproductive practices in Attipatti has largely focussed on its ceremonial aspect as evidence of increasing 'consumer-orientation' – both in symbolic and physical senses. The implication of these practices suggests a drastic fall in the family's perception of the value of women in Attipatti. Far from being an *equal* counterpart of Tamil social life, women in Attipatti are increasingly exposed to economic consideration of puberty, marriage, and motherhood rituals. The consumption-oriented reproductive journey that most young women in Attipatti are currently taking has the likelihood of institutionalising gender-inequalities in all spheres of social life. A cultural construction of gender with economic forces at work with regard to reproductive practices is in sight in Attipatti. This is evident from the increased manifestation of 'status-display' phenomenon on the part of families in Attipatti and the celebration these practices primarily in economic terms has, thus, led to the viewing of women and her female progeny as 'economic burdens', particularly by the natal family. This view is reinforced through the rhetoric of 'women and girl-children' as 'economic burden', which is employed by the WCWC – the emergent local NGO – for women's empowerment in the area. However, the NGO's usage of economic burden is quite different from the one employed by family in the context of reproductive practices. The women's empowerment strategy by the NGO (to counter the notion of economic burden) has so far failed to look beyond providing economic assistance to poor families in the form of facilitating easier access to financial loans for women SHGs under the micro-finance and micro-credit programmes. This financial assistance given as economic loan to poor families is itself sometimes used to celebrate some of these ceremonies, including paying for dowries, in order to comply with the increasing demands on the bride's side in contemporary marriages.

Furthermore, the lowering of the social status of women in Attipatti is taking place across caste and class divides, albeit with significant differences. It is somewhat

puzzling to see people from the lower stratum of Attipatti – viz. Scheduled Caste, Scheduled Tribe, and Lambadi community – treating women along the same lines as high caste Gounders. People from the lower stratum of societies in India had a historical record of relatively fair treatment of their women. Such perceptions are no longer in existence in Attipatti, because the significance of all such practices as discussed in this Chapter is undeniably widely held among these people. In particular, puberty ceremonies and dowry-practice are ubiquitous today. With regard to the puberty ceremony, it could be safely argued that until a decade ago, puberty ceremony as *rites de passage* probably did not exist among the low caste and low income groups as they were least concerned to remove the ‘impurity’ from their (women’s) body caused by the onset of puberty. It is widely stated that until at least two decades ago, puberty was only celebrated by the high caste Gounders in Attipatti, who have in-migrated from the southern parts of Tamil Nadu, where they might have picked up this tradition from high caste Brahmins. How then did a caste-specific practice of puberty celebration become a widespread practice across the caste, class and religious lines today? Perhaps, the answer could be sought in the emergence of dowry and the transformation of puberty ceremony from that of primarily *rites de passage*, in orientation, to being an example of ‘conspicuous consumption’, as this Chapter has demonstrated.

Dowry payments, much like puberty ceremonies, are powerful tools of ‘social exclusion’ and ‘relative deprivation’. Having a daughter and refusing to pay a dowry for her marriage is unthinkable for families in Attipatti. There is a fear in everybody’s mind of being treated as an out-caste and isolated, if one is unable to pay for dowry and/or to celebrate their daughter’s entry into puberty. In a group-discussion with eight elderly women from low caste Lambadis and Scheduled Castes, I asked about the social history of the puberty ceremony and dowry-practice in their communities. A couple of Lambadi women aged around 50s stated that there was no ceremony when they had attained their puberty age over three decades ago. Both Lambadi and Scheduled Caste women discussed the issue at length and it was eventually agreed that it was the Lambadis who first picked up this custom. Some dated it around the time when dowry giving penetrated their village. However, no

one could date dowry-practice for certainty. The usual responses thus were: “may be, when the first bus came in the village”; or “when the community TV was installed”; or “few years before M. G. Ramachandaran died”; or “it came with Gounders as they were the first to practice dowry giving in the village” and so on.<sup>47</sup> One could understand that making sense of these dates was not an easy task even if one was familiar with the local historical contexts in which these statements were made. Using my Tamil friend’s help and a little browsing of the literature on the internet enabled me to locate these dates roughly and, thus, procure tentative years with regard to the origin of dowry-giving and puberty celebration. And after a discussion and cross examination with the reliable sources in the field, it became somewhat clear that both dowry and puberty ceremony had become a mass practice by early 1980s. This time period was consistent with the accounts of some women in their late 30s who have had attained their age without witnessing any such ceremony. Furthermore, this is also the time period that some scholars have commented on the appearance of dowry-practice in Tamil society (Kapadia, 2002).

In conclusion, an analysis of these reproductive practices reveals not only the significant inequalities and relative deprivation that most young women face today but also inequalities along family lines. Today, Tamil village social life seems to yield two kinds of families across caste and religious lines. First of the kind is an upwardly mobile and aspirant family – some of whom have successfully used these practices, particularly dowry-practice, to climb up the social hierarchy, and second, a non-upwardly mobile family, who have failed to do so and instead acquired a feeling of relative deprivation, and, thus, have been left out in the social struggles for emancipation. It is mostly these left out families and women in them who figure in the government representation of rural mothers in Tamil Nadu (see Annexure II), but do not figure in their intervention programmes on female infanticide, which becomes apparent in Chapter Five. However, before we turn to government programmes, I consider it apposite to provide some historical background on this issue, in a larger context of reproduction in India.

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<sup>47</sup> M. G. Ramachandaran (1917-1987), a veteran Tamil Cine actor during 1970s and 80s, was hugely popular among cine-goers, in particular, among rural Tamils.

## **CHAPTER FOUR**

# **Reproduction, Family Planning, Female Infanticide and Sex Selective Abortion in India**

### **4. 1. Introduction**

In this Chapter, I depart from the particular ethnographic context of fertility (Chapter Two) and reproduction (Chapter Three) in Attipatti in order to consider the wider discourses and practices related to reproduction, in particular the effects of birth control and family welfare programme in India. I will then provide some historical insights into the practice of female infanticide and sex selective abortion in India. The discussion in this Chapter is intended to provide a basis for a return to the ethnographic specificities of these issues in Tamil Nadu, which will follow in the rest of the Chapters.

### **4. 2. Strategising Reproduction**

Anthropologists have documented “abundant cultural means people have devised to regulate their reproduction, both pre-natally and post-natally” (Greenhalgh, 1995a: 15). That is to say, “the desire to exercise control over the sex of offspring is widely held, and various cultures and communities utilise a variety of folk practices to ensure the conception and birth of a child of the desired sex” (Waldby, n.d: 2). There has been ample ethnographic studies that have discussed the use of late marriages, child spacing, infanticide, and abortion in controlling people’s (low) fertility and in making reproductive decisions (Skeldon, 1977; Bulmer, 1971; McDowell, 1988). Aptekar’s (1931) classic work on Viking practice of exposing infants and the female infanticide among Todas of Nilgiri Hills (South India), was among the earliest scholarship to inform us that infanticide can function as a mechanism of population control. Later on, Divale and Harris (1976) developed a theory to explain the prevalence of female infanticide along with warfare, in the primitive societies, to

demonstrate these two as major components of population growth regulating system (Divale & Harris, 1976). Smith (1977) argued that female infanticide was a mechanism of 'family planning' among Nakaharans in Japan. Through an analysis of census records and other historical sources, Smith (1977) argued that among Nakaharans, the practice of infanticide was linked with their production system of agriculture, where the children not 'needed' were simply done away with. Because of the lesser importance of females in the economically productive sense, Nakaharans were prone to commit female infanticide. Williamson (1978), who has summarized the data on the prevalence of infanticide among tribal and civilized societies, argued that "infanticide has been practised on every continent and by people on every level of cultural complexity, from hunters and gatherers to high civilization including our own ancestors. Rather than being an exception, then, it has been the rule" (cited from a summary copyrighted by Milner, 1998 available at <http://www.infanticide.org/history.htm>).<sup>48</sup> She explained infanticide mainly in terms of 'economic' and 'population control' functions. She argued that "since pre-historic times, the supply of food has been a constant check on human population growth. One way to control the lethal affects of starvation was to restrict the number of children allowed to survive to adulthood" (Ibid). She further argued that "while infanticide has at times been necessary for survival of the community-at-large, there have also been instances where it has been related to the general societal prejudice against females, which characterizes most male-dominated cultures" (Ibid).

Today, an increasing advancement in the area of reproductive technology has rendered female infanticide a rare strategy in sex selection. Recent scientific advances have made it possible for couples to use a variety of prenatal diagnostic techniques to affect the sex of the conception, in fact, even before conception. "The

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<sup>48</sup> The idea of female infanticide as being the rule rather than an exception has been incorporated here to support the assertion that it is "not unique to India – they are prevalent almost globally. Studies show that infanticide and foeticide were prevalent among Arabian tribes before the advent of Islam, the Yanomani Indians of Brazil and in ancient Rome. Exposing the female was a popular way of killing, the decision for which was taken entirely by the male members. Female infanticide was quite common in pre-Communist China, though it has now been replaced by foeticide. Among the South Asian Diaspora in Britain, USA and Canada, abortion of female fetuses has been prevalent for over 15 years. Among the immigrant Punjabi community in Canada, occasional cases of female infanticide are reported every few years" (Jeeva *et al.*, 1998: 9)

most common pre-conceptual medical technique involves various methods for the separation of X- and Y-bearing sperm, which increase the chances of conceiving a particular sex” (Waldby, n.d: 2; see also Ethics Committee of the American Society for Reproductive Medicine, 2001). It is about 85% effective at producing a girl, while 65% for a boy (cited in Savulescu, 1999: 375). Another study reported a 75% success rate for male and 70% for female sex selection (cited in Liu & Rose, 1995: 968). Ethics Committee of ASRM (2001) and Savulescu and Dahl (2000) advocated other medically assisted post-conceptual technologies that do not require abortion including “Pre-implantation Genetic Diagnosis (PGD henceforth), used with In-Vitro Fertilisation (IVF henceforth) to select embryos of a specified sex and various forms of prenatal testing – ultrasound scanning, amniocentesis, Chorionic Villus Sampling (CVS henceforth) – in concert with the termination of pregnancy” (Waldby, n.d: 2; also see Reubinoff & Schenker, 1996; Savulescu, 1999; Savulescu & Dahl, 2000). In addition, there are some other domestic and advanced techniques used before conception, like “intercourse timing and position, vaginal douching and the use of ovulation induction medications, hormone measuring technologies” or polarity of the egg membrane, which can also affect the sex of the conception (Waldby, n.d: 2; see also Savulescu, 1999; Reubinoff & Schenker, 1996).

In India, although the use of PGD and other pre-conceptual techniques are still rare, the use of ultrasound and vaginal sonography has become much more widespread in the context of sex selective abortion (Lingam, 1991; Luthra, 1994; Khanna, 1997). These practices are in addition to the reports of female infanticide and widespread girl child neglect that have continued to appear from some parts of India in the post-Independence era (see Miller, 1981). Hence, these two practices were also part of everyday life and the options available to control fertility, in addition to other forms of contraception. For conceptual clarification, I refer to them as ‘active’ and ‘passive’ forms of reproductive decision-making in the context of female infanticide. The active form refers to the direct cases of female infanticide, which is manifested in the crude methods undertaken to eliminate baby girls soon after birth. Selective termination of female foetuses, on the other hand, denotes the passive ways to eliminate an unwanted (female) child, in addition to the practices of neglect and

discrimination of girl children in terms of a lack of food, nutrition and basic care leading to their premature deaths (see Kelly, 1975; Miller, 1981 for a discussion on extended forms of female infanticide). While the former is largely considered a rural and a closed group phenomenon, the latter is relatively widely prevalent in urban or sub-urban areas. These two forms now constitute historical facts and are in response to the changing or unchanging alliances between 'static' patriarchy and 'changing' technology in a society. Changing alliances between the scientific advancement in sex determination techniques and the rigid patriarchal values with ingrained biases against female children have culminated in the practices of sex selective abortions in post-Independence India. Where there is no such development in technology within patriarchy, active forms of infanticide predominate. Continuance of direct female infanticide in the remote corners of Tamil Nadu (Venkataramani, 1986), Rajasthan (Pachuri, 1988), and Bihar (Srinivasan *et al.*, 1994) bears testimony to this fact and explains this very clearly. A discussion on female infanticide and sex selective abortion, therefore, ought to be considered under the rubric of reproduction.

### **4. 3. A Social History of Reproduction**

Reproduction has increasingly been recognized as a central site for consolidating power among the elite (Scheper-Hughes & Sargent, 1998: 1; also see Vishwanath, 2000) as well as a strategic site whereby the institutions, discourses, and practices of women's reproductive health affect social and economic transformations (Hodges, 2006; also see Jeffery & Jeffery, 1997; Jeffery & Basu, 1996). The fact that people "may reproduce, or refuse to do so as an act of defiance to the official state and church monitors and regulators of population" (Scheper-Hughes & Sargent, 1998: 1; also see Browner, 1986; Kligman, 1992; Kligman, 1996) provides a lens to understand state ideas and practices relating to development and planned social change (Unnithan-Kumar, 2004). It is in this context of state interventions in reproductive matters that I want to place my discussion of the post-colonial Indian state's efforts at targeting women's fertility and reproduction. However, a brief insight into the colonial state interventions is apposite first. For this, I have relied on contributions made in Hodges (2006) – a collection of essays on the history of reproduction in India.

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A social and political history of reproduction in India stretches back to the colonial government's attempts to foster social, political, and hygienic changes around women's reproductive practices in the nineteenth century. Hodges (2006) argued that the history of reproduction in India has been dominated by preconceived and often ahistorical ideas about India's supposed long-term trend towards 'over-population'. As a result, histories of fertility and reproduction have been made to serve as the 'premodern' antithesis to a fully 'modern' future, with the effect... "Indian women have been cast as agents of backwardness" (Hodges, 2006: 2). To counter this viewpoint, she brought together experts to sketch a history of reproduction for a period of one hundred years from 1850 onwards (see contributions in Hodges, 2006). These attempts, which have used reproduction as an analytic category to understand social and economic transformations, have mainly focussed on the medicalisation of childbirth, which is broadly explored as the story of a set of meanings attached to and the mediation of relationships among women's reproductive practices. Other discussions revolved around the publication of census reports from 1870 onwards on the growth and size of India's population in order to analyse the state of social progress and on various social reform campaigns. For example, Arnold (2006) argued that a heavy reliance on marriage reform campaigns over the official maternal and infant mortality figures led to the condemnation of the practice of child marriage as 'barbarous' and thereby a need to raise the age of consent for such marriages. The condemnation of child marriage as a backward practice allowed both the colonialists and the nationalist-reformers to appropriate their concerns on different grounds. While nationalist-reformers talked about how colonial rule weakened India morally, physically and economically (Arnold, 1993; Whitehead, 1996), the colonialists pressed for the need and legitimacy to govern Indians in the wake of their inability to do so amidst high rates of maternal and infant mortality and the widespread practice of child marriage. In short, a study of the social history of reproduction shows how attempts to construct reproduction as 'backward' subsequently led to colonial projects to transform (backward) reproduction into 'modern' reproduction whereby the latter came to be equated with science, in general, and biomedicine in particular (Hodges, 2006).



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Indeed, such an archaic construction of reproduction in colonial India was part of self-legitimising processes of colonial rule, which had been termed as a ‘civilising mission’ – a rhetoric that continues to shape the practice of post-colonial state in India (I will specifically explore this argument in Chapter Five). A pre-modern history of reproduction is, therefore, a precursor to the modern ideas about India’s supposed long-term march towards ‘overpopulation’ – a concern that developed during the early twentieth century under the birth control and eugenics movement, which led to an emphasis on maternal and child welfare in the late colonial India, and finally, was consolidated by the dawn of an independent India, under a rubric of ‘family planning’. I will first consider a short history of family planning in India and then turn to the ‘missing link’ in the history of reproduction – namely the ideas around female infanticide in colonial India.

## **4. 4. History of Family Planning: Delivering Health or Rhetoricising Rights?**

The concept of reproductive health and governance in India inevitably invokes in the popular imagination state-led family planning programmes, which in turn moulds a discourse on ‘overpopulation’ and mechanisms of population control. This imagination takes us back to the early 1950s, when, under the influence of international population control movement, India officially embarked on a neo-Malthusian model of population control measures.<sup>49</sup> However, effective measures to control births did not take place until the economic crisis of 1966, after which the Malthusian notion that population growth is detrimental to economic growth gained currency; this was reflected in the policy of reducing the birth rate by the Indian government as a way out of the crisis (Ravindran, 1993). From then onwards, the government family planning programme (which was largely a government sterilisation programme from its beginning until now) drastically took to implementing “demographic goals” rather than “providing services” by promoting monetary incentives among the healthcare personnels to fulfil quotas of sterilised

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<sup>49</sup> A neo-Malthusian model, as opposed to Malthusian one, insisted on international efforts to control population growth (see Clark, 1990).

persons (Corrêa, 1994: 26).<sup>50</sup> The central government fixed the targets for each state, which passed them down to district, and then to the community levels. An implicit coercive practice such as this was soon thrown into the open and resulted in an outright violation of human rights, when India was declared to be under Emergency rule, during 1975-77. A massive sterilisation campaign in the form of Vasectomy (for males), with mobile units being dispatched throughout rural India, was launched. Around 6.5 million men were sterilised during this period (Gwatkin, 1979). It is said that police used to round up males for compulsory sterilisation, which on many occasions led to violent riots and protests. A singular focus on male sterilisation under the coercive family planning was considered a very significant factor in the ousting of the ruling party from power in 1977 (Gwatkin, 1979; Kocher, 1980). As a result, the vasectomy campaign was discontinued and, instead, family planning efforts have focussed on women. Towards this, new methods of sterilisation by laparoscopy and tubal ligation (also known as Tubectomy) were introduced. Although, the family planning initiatives have not been as draconian as they were earlier, the system of targets of female sterilisation has continued until now.

In the late 1970s, the Family Planning programme changed its name to 'Family Welfare' programme and came to be merged with the Maternal and Child Health (MCH henceforth) programme, in which MCH providers were required to meet new family planning targets. The targets for (female) sterilisation were set for village level health workers. Punishment and rewards were included for health workers to 'motivate' couples (mainly females in practice) to 'accept' family planning. Under the MCH programme, health workers were expected to attend deliveries, give vaccinations and immunisations, provide nutritional and health education, and motivate mothers for family planning. Due to a preoccupation with family planning targets, the objectives of MCH came to be compromised and thus were not successful from the perspective of mother and child healthcare (Van Hollen, 2003).

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<sup>50</sup> Although, IUDs were introduced during mid 1960s, they were soon regarded as unsuitable for women (see the opening snippet of this thesis). Their use was eventually abandoned until recently. Van Hollen (2003) has highlighted the practice of routinely inserting IUDs without informing mothers in Tamil Nadu's public maternity wards.

The early 1980s witnessed a return to targeting women's fertility under the family planning programmes, which was partly a result of the developmentalist 'basic needs' (adopted following the World Population Conference at Bucharest in 1974) and partly in response to the national reactions and international human rights critique of the vasectomy campaign. The 1980s saw unprecedented government efforts in targeting women for sterilisation. Monthly or annual targets were given to health personnel and both the rural and urban poor became the central targets of the programme. This was evident from the Sixth Five-Year Plan (1980-1985), which had set targets for 22 million sterilisations and 7.9 million IUD insertions, which were further increased to 31 and 21 million respectively under the Seventh Five-Year Plan (1985-1990). With such a target based approach, the family planning programme was soon to be pronounced as a population control programme (Nair *et al.*, 2004). All this led to not only feminist outrage at the national and international level but also to "people's suspicion and mistrust of the public healthcare system" at the local level with instances of some women refusing to visit primary healthcare centres "for fear of being nabbed for sterilisation" (Nair *et al.*, 2004: 27).

If the family planning programmes during the 1960s and 70s were characterised as 'target-oriented' that was camouflaged under the rubric of 'population policy' during 1980s, the 1990s continued to witness the persistence in goals and numbers under the rhetoric of reproductive health and rights, which later became 'reproductive rights'. Following the 1994 International Conference on Population and Development (ICPD henceforth) in Cairo, the Family Welfare programme in India was renamed as Reproductive and Child Health (RCH henceforth) in 1997, adopting an official note of moving away from a target-driven approach to service delivery (Nair *et al.*, 2004: 27-28). The underlying principle, emphasised by feminist groups was that "women should be seen as subjects and not objects of population policies" (Pillay & Klugman, 1994: 108). The new RCH programme was introduced as a target free approach in one or two districts in 1995 and then throughout the country in 1996. In practice, a major preoccupation for the public health system continued to be on numbers and on female sterilisation. The new programme was assigned to the individual states, which in fact continued to persuade or even coerce women through

incentives and disincentives to undergo sterilization in order to meet the targeted numbers. Many states had even established “reproductive health centres” with the help of international donor agencies, “but their focus is still on family planning” (Nair *et al.*, 2004: 28). Tamil Nadu is one such state where, despite the setting up of MCH structure since 1995 (and World Bank-aided RCH since 1997), incentives and disincentives for promoting sterilisation campaign took the form of linking access to development schemes to the acceptance of sterilisation. Even after the Cairo consensus on the target free approach, the mothers were routinely fitted with IUDs with or without their consent in the public maternity wards of Tamil Nadu during mid 1990s (Van Hollen, 2003). During my fieldwork in 2004 and 2005, there were mothers (with one or two children) who were denied free and safe abortion in the medical facilities if they did not consent to undergo sterilisation following the medical termination of pregnancy (see Chapter Two). There were some others who were denied the benefits of social and economic development through government schemes as they refused to undergo sterilisation as a precondition. This thesis gives ample ethnographic evidence of a target and goal oriented family planning programme in Tamil Nadu (in particular, the moral and ethical implications of linking the access to government schemes to the acceptance of sterilisation will be specifically discussed through two government schemes in Chapter Five).

One significant change that has occurred in the family planning programme in India since the ICPD in 1994 has been the projection of the programme in the light of securing reproductive rights for women. In practice, this had done little to improve the health of women throughout India. Two public health activists from India have taken a serious view of women’s health post-ICPD. Qadeer (1996) contended that the ICPD has reduced women’s health to issues of ‘safe abortion’ and ‘reproductive rights’ and “marginalised the issue of comprehensive primary healthcare, social security, and investment in building infrastructural facilities” (cited in Nair *et al.*, 2004: 15). Rao (2004) argued that the rights were being denied “under the rhetoric of reproductive rights, the rights of the vast majority of women to access to resources” in terms of rights to food, employment, water, healthcare or security of children’s lives; such rhetoric of rights “fit in well with the neo-liberal agenda of the day” (cited

in Nair *et al.*, 2004: 15). On the relevance of reproductive rights under the neo-liberal economic policies, Simon-Kumar (2006) notes: “although neo-Malthusian and neo-liberal discourse are distinct ideological influences (the former emphasising fertility control and the latter economic rationalism), it may be argued that in the context of developing countries the two are intricately intertwined. In India, for instance, the ideology of economic growth is inseparable from an anti-natalist agenda. Neo-Malthusianism becomes a component of the neo-liberal economic ideology of the state” (quoted from Nair *et al.*, 2004: 25). Not surprisingly then, “those driving to create ‘free’ markets today by privatising, undermining or abolishing public health and social services and emphasising individual responsibility consistently derive strength from the goals of neo-Malthusianism” (Nair *et al.*, 2004: 25).

It was not only the RCH programme which adopted the rhetoric of reproductive rights, but also the India’s national Population Policy of the year 2000, which called for a voluntary and informed choice and target-free comprehensive approach (encompassing wider issues and reproductive health care), and yet aimed for ‘replacement level fertility rates’ by the year 2010 and a ‘stable population’ by 2045. The change in language has certainly not changed the programme’s approach substantially. Placing the reproductive health and rights at the centre of population policy has encouraged policymakers to view women as mere wombs, whose economic and social roles were of little importance (Qadeer, 1996). In fact, promotion of population policies through the rhetoric of women’s reproductive rights has become central to “the marketing of fertility control” with the result that “underlying agenda of fertility control became inconspicuous to the designated targeted audience” (Furedi, 1995: 139). Dennis Hodgson – a sociologist – has been quoted by Rao pointing out that “the failure of . . . family planning to substantially lower fertility . . . had led to some questioning it as a method of population control . . . [S]ome of the disenchanted argued for more coercive forms of population control, while others called for redirecting developing benefits to the impoverished to hasten their adoption of small family ideals” (1994: 77). Thus, the Cairo conference (ICPD) seems to have done nothing more than embedding women’s rights within a neo-liberal agenda, to the detriment of women’s aspirations for justice and empowerment,

and this was best concluded by Rao (2004): “the pull of neo-Malthusian tides seems to be irresistible” (cited in Nair *et al.*, 2004: 28).

In all of this, the family welfare programme, the RCH, and the population policies remained oblivious to the slow but uneasy permeation of the use of reproductive technologies, originally designed to monitor women’s pregnancies, for sex detection purposes followed by selective abortions. A sex selective method of birth control was in the making. Amniocentesis was one such technique. Introduced in India in the mid 1970s, it intersected with the segment of population that has been under the pressure of government’s family planning programmes as well as being patriarchal in structure. Much to the dismay of family planning programmes in India, this collusion between technology and culture produced unimagined consequences for the society, with which the state in India did not engage actively until recently.

## **4. 5. Sex Selective Abortion in India**

Sex selective abortion in India came into public debate only with the introduction of pre-natal sex determination technology in the mid-1970s. It was precisely in 1974, when the Department of Human Cytogenetics of All India Institute of Medical Sciences (AIIMS henceforth) first introduced ‘amniocentesis’ to detect foetal abnormalities. A year later in 1975, reports began circulating in the corridors of AIIMS that the amniocentesis “tests were being followed by abortion of female foetuses” (Mazumdar, 1994: 2). Soon afterwards, following the criticism from medical practitioners, “the AIIMS tests were eventually stopped by the Indian Council of Medical Research (ICMR henceforth)”. But some other medical entrepreneurs such as New Bhandari’s Antenatal Sex Determination Clinic in Punjab were quick to respond and capitalise on the advent of new reproductive technology; “it began to advertise its services using amniocentesis openly through the press and billboards distributed in public places” (Ibid: 2). Soon reports had begun circulating of the use of amniocentesis followed by abortion of female foetuses in all quarters of Indian society. In addition to amniocentesis, later years saw the use of CVS and ultrasound scanning. An active campaign was organised against the use of sex

determination techniques throughout 1980s by women's organisations, doctors, health activists and even research organisations (Ibid).

The very first concern on the use of amniocentesis emerged in 1982 when an error in the analysis led to the abortion of a male foetus, done at the New Bhandari Hospital. Women's groups, health professionals and academics began to raise their concern about the safety of these tests. Questions were also raised in the Indian Parliament regarding the proliferation of these clinics, but the Indian government's response was far from an active one (Parikh, 1990: 22). The daily newspapers began to write about these tests from Bombay (now Mumbai) and Calcutta (now Kolkata). Soon the focus fell on Bombay when the daily newspaper *The Times of India* reported that 78, 000 female foetuses were aborted after the tests in Bombay between 1978 and 1983 (Patel, 1989). This reporting prompted activists from Bombay to form themselves into a Forum Against Sex Determination and Sex Pre-Selection (Forum henceforth) in 1986. The Forum, besides organising public meetings, seminars and workshops, also initiated a campaign to enact legislation to regulate the use of sex determination technologies, which subsequently played an important role in focusing national attention on the issue of sex selective abortion. The Forum gained much momentum from the findings of a study conducted by a sub-committee of the Federation of the Obstetricians' and Gynaecologists' Societies of India. Out of 8,000 cases, the study reported that 7,999 were aborted when the test showed a female foetus (Parikh, 1990: 23). Although the central government failed to act quickly on the Forum's revelations, the government of Maharashtra state (Bombay being the capital) passed a law in May 1988 aimed at curbing the misuse of prenatal diagnostic tests. Banning the use of amniocentesis and other methods for sex identification, their use was, however, permitted for medical research in all government owned and private institutions. Activists claimed that the test had gone underground whereby the clinics began to charge exorbitantly though they did not keep any official record (Parikh, 1990: 28).

Within academic circles, a full fledged discussion proliferated following the publications of Ramanamma and Bambawale (1980), Miller (1981), and Jeffery *et al*

(1984). While Ramanamma & Bambawale (1980) sensationalized the issue by highlighting the intensity and magnitude of the sex determination, Jeffery *et al* (1984), and Miller (1981), related the discussion to advances in clinical services offering amniocentesis in much of (north) India and fitted into the cultural patterns in which girls had been devalued historically. Premiere Indian institutions such as Madras School of Social Work (Beliappa & Rama, 1994) and Tata Institute of Social Sciences (Usha & Kumar, 1995) joined the fray in documenting and publishing reports – though much of it focused on the sex ratio decline rather than on sex selective abortion. Even the Government of India, through its Department of Women and Child Development, had commissioned in 1992 two sample studies in two Indian states of Bihar and Tamil Nadu, by partnering with NGOs such as *Adithi* and Home Union Guild respectively. The publications by Andhra University (Prasad, 1994), by Department of Women's Studies of National Council of Educational Research and Training (Nayar, 1995), and by Centre for the Study of Regional Development, Jawaharlal Nehru University (Mahendra & Saraswati, 1996) have all attempted to highlight (through an analysis of sex ratios) and report on the magnitude of problems of pre-natal sex determination followed by sex selective abortions. All these campaigns, publications and reports paved the way for the Government of India to formulate the Pre-Natal Diagnostic Techniques (PNDT henceforth) – Regulation and Prevention of Misuse Act in 1994, which was brought into force in 1996 and has been amended twice since then – first in 1996 and then again in 2003.

Furthermore, there has been a proliferation of debates and discussion on the subject following the publication of Census of India in 2001 and United Nations Fund for Population (UNFPA) reports in 2003, which showed a steep decline the proportion of female to male population in the 0-6 age groups. The literature on the nature of the child sex ratio decline is extensive. It is outside the scope of this thesis to document all of it for the present discussion. However, there will be reference to it as and when the context arises. In short, it is safe to state here that most of these discussions focus almost exclusively on sex selective abortion, along with female infanticide, as factors *causing* the decline and shortage of women in Indian society. Consequently, the focus of academic and other social inquiries has shifted in favour of the analysis of



‘sex ratios’ in terms of a discussion of the *consequences* (of female infanticide and sex selective abortion) per se rather than making these social practices intelligible (see Visaria, 2008 for a renewed discussion in this regard). However, to what extent sex selective abortion is arguably reflected in declining child sex ratio and the number of ‘missing females’ remains in dispute. Demographers have yet to estimate how many cases of sex selective abortion and female infanticide have to take place in a decade in order to alter the sex composition of the child population to the extent observed in the last decade in India (see Srinivasan & Bedi, 2009 for an indirect attempt to estimate the same). On the contrary, there is not only a general scarcity of data on the main explanatory variables (of sex selective abortion and female infanticide) but their validity and reliability is also questionable. In the absence of any such link, my discussions on female infanticide and sex selective abortion take a critical perspective on the debate and consistently question the link between the two in the light of relevant materials discussed in my thesis. I will discuss the weaknesses of such a model of female infanticide and sex selective abortion at some length in Chapter Eight. Having briefly introduced the nature of the current debate on sex selective abortion and the sex ratio decline, I will complete this Chapter with a historical account of female infanticide in India.

## **4. 6. Female Infanticide in Colonial India**

While infanticide, and even ‘female’ infanticide to some extent, has long been a subject of considerable attention of western travellers, scholars, and anthropologists (McLellan, 1865, Williamson, 1978), the first systematic account of female infanticide in India – particularly its political and demographic repercussions – emerged under colonial-sociological analysis of the late eighteenth century British India. In a communication to Sir John Shore dated 21st October 1789, Sir Jonathan Duncan – the then British Resident of Banaras Division – mentioned the frequent practice of female infanticide among a Rajput tribe called Rajkumars in the Jaunpur district of United Provinces (the present day Uttar Pradesh). A more detailed communication on this, including the measures to control the practice by bringing these tribes into a covenant for its abolition, is contained in Jonathan Duncan’s letters to Cornwallis. A detailed correspondence is now published in Kaye (1966 reprint).

The discovery of female infanticide by a British official had led to the passing of formal regulations against female infanticide. The first regulation called Regulation XXI of 1795 was passed in August 1795, preventing Brahmins and Rajkumars in the province of Banaras from wounding or killing their female children or relations. The next regulation was passed in 1804, called Regulation III of 1804 (Philip & Bagchi, 1995).<sup>51</sup>

A few decades later, in 1829, James Todd wrote that he accidentally encountered female infanticide among Rajputs of Rajasthan in an attempt to trace the origin of Rajputs in the North-western Provinces. In his magnum opus 'Annals and Antiquities of Rajasthan', Todd argued that among Rajputs, the wife is being sacrificed to the man's 'egotism', that is, Sati, and the progeny of her sex to his 'pride', that is, female infanticide (Todd, 1997 reprint: 504-505). He was one among the first scholars to point out that among Rajputs, female infanticide was linked to the pride of the status of a Rajput man and his inability to marry his daughter below his rank. Interestingly, Todd's study has been widely quoted, both within colonial and post-colonial literature, to argue that female infanticide existed in India long before British rule had consolidated. Todd did mention various measures, and their subsequent failures, taken by various kings within their dominions. One such famous decree was issued by the great Raja Jai Singh, the Maharaja of Amber (Jaipur), to the sub-ordinate chief of Rajput State in order to regulate the marriage expenditure by limiting it to one year's income of the estate. This, however, subsequently was violated by the Chandawat of Salumbra, one of the subordinate Rajputs chiefs under him, who spent on the marriage of his daughter an amount even greater than what Raja Jai Singh himself could have afforded (Todd, 1997 reprint: 506).

Around the same time when Todd was writing on Rajputs, the custom of female infanticide was also discovered in districts of Azamgarh, Allahabad, Mainpuri, Etawah, and Agra in the United Provinces. From 1836 onwards, reports by colonial officials in these districts began circulating in the form of rhetoric like "not a single

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<sup>51</sup> Although it was admitted that except for the Brahmins of Banaras and Punjab, this caste had no history of practicing female infanticide anywhere else in India.

daughter was forthcoming” (by Stratchey in Azamgarh) or “had hardly a single female child, young or old” (by Unwin in Mainpuri) among a body of Rajputs such as Chauhan, Rathor and Sisodia (cited in Philip and Bagchi, 1995: 6-7). These reports subsequently led to the appointment of William. R. Moore as Esquire, Commissioner for investigating the extent of female infanticide in the Banaras Division, in November 1855. After introducing measures such as investigating the ‘suspected’ villages and classifying such villages as ‘blood red’ (if there had been no girls below six years at all or in numbers not exceeding 10% in the community), Moore successfully advocated the system of registration of births and deaths of females in his report on the subject in 1857 (Ibid: 8). Other colonial officers and district magistrates such as Atkinson, in his report of 1866, later used these measures. Moore’s own ideas on such preventive measures emerged from a consideration of statistics for 418 villages, in which it was shown that there were 308 villages, in which the crime prevailed, and 62, in which there was not a single girl below the age of six years (Ibid: 9). The *modus operandi*, adopted, thus, would involve the appointment of a well-paid special staff with a *chamarin* or midwife, one to fifty families. On the birth of a child in a ‘suspected’ family, the paid *chamarin* was to present and report to the constable, who would see the child. If it was a girl, he was to see or hear reports of it, for at least four or five days, daily from the *chamarin*, who remained in the house of the parents. If suspicions arose over the child’s condition, the constable was to report to his *jamadar*, and he to the officer in charge. In cases of suspicious deaths, the body was forwarded to the civil surgeon to ascertain the cause of death (Ibid: 17). Later on, a similar supervision over marriages and marriage expenses became part of the registration system. Although such a government system of prevention of female infanticide prevailed in most parts of the United Provinces, Moore’s report in 1857 concluded that “infanticide prevailed only in certain castes and in them not universally, but only as connected to particular localities” (Philip & Bagchi, 1995: 9). It was in this way that the history of the crime in the particular family was constructed under the colonial-ethnographic project on female infanticide, which ultimately paved the way for the passing of Act VIII of 1870 for the prevention of the murder of female infants by the Governor General of India in Council in 1870. The Act was repealed in 1912 (see Kasturi, 2002). The

reasons behind its abolition will be discussed in Chapter Eight. It is interesting to note here that contemporary Tamil Nadu government's mechanism of female infanticide control does not differ much from the colonial measures of female infanticide regulation. This will be presented in Chapter Five.

Beside some of these earliest accounts of female infanticide in the United Provinces of colonial India, there also exist other accounts mostly from the Northwest part of India. For example, a volume of sections from the Records of the Bombay Government deals with measures adopted by British officials to suppress female infanticide in the 1856. An excellent discussion on colonial state measures on female infanticide in Gujarat province of Kathiawad by Alexander Walker and Mr. J.P. Willoughby was published in 1857 and Northwest India (Vishwanath, 2000). A few monographs by administrators and missionaries on female infanticide were also published before 1864. For example, John Wilson's account of the 'History of the Suppression of Infanticide in Western India' was already published in 1855 (Wilson, 1855). These accounts do not differ much. It is sufficient to say here that other than reporting the extent of the practice, most of the earliest colonial accounts discussed preventive measures based on two main theories. First was the Agra model or Gubbin's theory, which aimed at "rendering the crime impossible by a strict and close supervision and judicious system of reward"; and second was the Mainpuri model or Raikes's persuasive theory, aimed at "rendering the crime unnecessary by removing the cause of excessive marriage expenses, and by appealing to their feelings" (Philip and Bagchi, 1995: 16).

Therefore, we see that most colonial discussions of female infanticide present it as backward, primitive and non-modern practices typically associated with North Indian castes and communities, rigid patriarchal structure including dowry, unfavourable marriage practices, low freedom, low education, and strict rules of avoidance for women. One problem with the colonial-ethnographic discourse on female infanticide is that it presents the families, castes, and women as 'cultural dopes', playing out cultural rules without any agency of their own. For instance, Jonathan Duncan, the discoverer of female infanticide in North India, ascribed it from the beginning to the

theory of 'pride and purse', i.e. to hypergamy and to the necessity of giving large dowries (Miller, 1981).<sup>52</sup> "The letters and reports of British local officials to a higher authority clearly suggest that in all the castes found to practice female infanticide in North and West India, it was related to hypergamy, status maintenance and dowry avoidance" (Vishwanath, 1998: 1104). James Todd's account of the prevalence of the female infanticide among Rajputs of Western and Central India also explains the practice with reference to the influence of marriage, dowry and a rigid patriarchal structure. He clearly linked the practice of female infanticide with the institution of marriage and argued that the laws that regulate marriage among the Rajputs powerfully promoted the practice (Todd, 1997 reprint).

Recently, Vishwanath (2000), Kasturi (2002) and Oldenburg (2002), using post-colonial and critical language, offered a somewhat similar argument. The colonial understanding of female infanticide in the North suggested that female infanticide was regularly practised among certain castes and communities (Vishwanath, 2000) as an institution of tradition grounded in the 'cultural and ideological contradictions within (Rajput) marriage systems' (Kasturi, 2002). Vishwanath (2000) argued that only some castes in west and north India practised female infanticide in order to maintain their social status and cultural dominance. This was done by avoiding substantial dowries and land sales, which were features of hypergamous marriages. This argument is further extended in his recent discussions where he argued that due to advances in sex determination technologies, the dominance of erstwhile female infanticide practicing castes from west and north India is continuing through resorting to female foeticide (Vishwanath, 2001). He further takes the post-colonial practice of female infanticide from among the *Kallars* of Tamil Nadu into account to suggest that "South India was not a female infanticide free zone"; it is just that "the British do not seem to have made any efforts to suppress female infanticide in South India" (Vishwanath, 1998: 1106). Vishwanath appeared to have fallen into the same trap as others before him like Venkataramani (1986) and George *et al* (1992) when they all suggested a historical link by referencing recent revelations of the practice

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<sup>52</sup> Miller (1981: 56) also pointed out that many contemporary writers such as Majumdar (1954), Pakrasi (1968), and Minturn and Hitchcock (1966) also subscribed to this explanation.

among the *Kallars* of Usilampatti Taluk in Madurai district to *female* infanticide among the *Kallars* in the nineteenth and early twentieth century. This, in my view, is based on an erroneous reading of Edgar Thurston's (1906) *Ethnographic Notes in Southern India*. One wonders why there is a tendency in contemporary scholars to link the present practice of female infanticide with that of colonial accounts: perhaps they feel that a reference to contemporary forms of female infanticide does not suffice without locating it in the colonial context (more on the contradictions in the representation of *Kallars* shall be discussed in Chapter Six).

Kasturi (2002) argued that in response to encroachment on the 'public' and external space of Rajputs by the colonial rulers, Rajput men devised strategies to retain influence within the 'domestic' space; female infanticide was one such strategy linked with matrimonial alliances. Oldenburg (2002) argued that the colonial-sociological analysis of female infanticide grounded in the cultural practices of 'hypergamy' and 'dowry' served as a 'political capital' for the British rule and its 'civilizing mission'. The prevalence of dowry giving was used as a litmus test for female infanticide in order to locate and identify groups and communities and thereby justify the repressive measures introduced to control these group (Oldenburg, 2002). Colonial rulers have used the knowledge of the 'discovery' of female infanticide "to further their own political ends by attributing purely traditional cultural reasons for the commission of this crime, which, in fact, had social and economic causes exacerbated by their own policies" (Oldenburg, 2002: 10).

Such a political-economic framework to female infanticide, as suggested by Oldenburg (2002), with regard to the colonial contexts of female infanticide finds an enlarged focus in the alternative explanations to the continuance of female infanticide in post-colonial India. In this regard, Boserup (1970) first pointed to the linkages between female infanticide, dowry, labour and forms of production (in agriculture). She argued that female infanticide is more likely to be an outcome in those areas (South Asia) where the division of labour in 'male' plough sharing systems excludes women from intensive field labour, their participation considered highly degrading and polluting, confined to the domestic sphere, becomes liabilities

and pay dowry to the groom. In contrast, in areas of plough cultivation among lower caste/class rural communities (Africa), women are involved in heavy field labour, valued as economic assets, given with bride wealth (paid to the family of the bride) as compensation for the loss of an actively working member (Boserup, 1970). Miller (1981) drew on Boserup's analysis in a popular causation model of production, property, and population to unravel the disadvantageous position of girl children in rural North India vis-à-vis South India. She argued that the northern model was characterized by higher rates of survival for *juvenile* males than females, while the southern model has similar rates of survival for children of both sexes. Her major explanation was that the *northern* kinship model tends to exclude females from both property and production leading to 'masculine' juvenile sex ratios whereas the *southern* model is more inclusive giving rise to 'balanced' juvenile sex ratios (Miller, 1981: 29 emphasis added).

As for the 'rediscovery' of female infanticide in post-colonial India, this time the discovery was reported from the southern Indian state of Tamil Nadu when a Tamil magazine called *Junior Vikatan* first voiced the public outcry to 'save' girl children in the state (Soundarapandian, 1985). This was followed by a national coverage of a 'shocking' story of female infanticide from Usilampatti *Taluk* of Madurai district in Tamil Nadu, South India, in the national weekly *India Today* (Venkataramani, 1986). Two years later, a similar story of female infanticide from among Rajputs of Rajasthan, North India, reported by the *India Today* exploded into the open as a public and parliamentary debate (Pachuri, 1988). However, the two accounts differ in terms of arguments about the origin of the practice in two distant geographical territories. The Rajasthan story comfortably located the practice in the social history of *Bhati* Rajputs, in Jaisalmer district, among whom female infanticide had been in practice for generations (for a brief historical encounter of this practice among *Bhatis*, see Todd, 1997 reprint: 504-05). On the contrary, the Tamil Nadu report suggested that female infanticide might have taken its roots among Madurai district's *Kallar* community in the last decade or two as a result of modernization and development. The *India Today* report, NGOs working in the area, and the subsequent studies undertaken on female infanticide in Tamil Nadu have, however, squarely

cornered the *Kallars*, by representing them as descendants of *Chola* warriors (who ruled parts of Tamil Nadu ten centuries ago) and “who wouldn’t hesitate to behead somebody with a scythe” (an NGO person cited in Venkataramani, 1986: 32). Venkataramani’s report hastily claims a ‘logical’ connection between the past and the present and justifies the *Kallars*’ taking to female infanticide in situations when confronted with dowry menace. Despite the media and NGO’s attempts to situate the present day killings of girls in the community in the tribal instinct of their ancestors, there is no clear historical link to their descendant’s behaviour. George *et al* (1992) have also made a similar attempt regarding a possible historic root of female infanticide in Tamil Nadu based on an erroneous reference to Edgar Thurston’s *Ethnographic Notes in Southern India*. Though Thurston writes that “a horrible custom exists among the females of the Colliers” (1906: 503), he leaves us pondering on whether it is infanticide of *males*, *females* or both. Though he clearly mentions the prevalence of ‘female’ infanticide among the Khonds and Todas, he is completely silent on its nature among the *Kallars*. More historical research might help to uncover whether specifically *female* infanticide was once prevalent among *Kallar*, and if so, how and why it disappeared and why has it appeared again in post-colonial India.



## CHAPTER FIVE

# From Improvement to Development: An Ethnography of the Government Response to Female Infanticide in Contemporary Tamil Nadu

### 5. 1. Introduction

This Chapter is organised into two parts, i.e., a description of the policies and programmes adopted by the Tamil Nadu government in its response to female infanticide, followed by some ethnographic examples of the everyday working of the programmes. However, a justification for this Chapter (and the following two) must be made at the outset.

A study of the post-colonial government response to female infanticide in Tamil Nadu is apposite for several reasons. First of all, while there have been ample colonial-ethnographic narratives on female infanticide from north-western part of India, there has hardly been any parallel enterprise undertaken in the southern parts of colonial India.<sup>53</sup> As discussed in the Introduction Chapter, most colonial and postcolonial discussions of female infanticide, as well as recent accounts of sex selective abortions, have assumed that they were typically North Indian phenomena. What then explains the increasing reports of the prevalence of female infanticide in Tamil Nadu? Secondly, in response to the media accounts of female infanticide in parts of the state, the Tamil Nadu government announced a series of highly publicised measures in 1992 to tackle the issue. I describe here two such schemes: the Cradle Baby Scheme (CBS henceforth) and the Girl Child Protection Scheme (GCPS henceforth) to ‘save’ and ‘rescue’ the girl children in the state. This has formally confirmed Tamil Nadu government’s acknowledgement of the fact that

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<sup>53</sup> However, as indicated in the previous Chapter, at least one source suggests that the killing of babies had existed among some communities of South India during colonial rule.

female infanticide does exist in Tamil Nadu and needs to be eradicated. It was the *first* Indian state to do so ever. Thirdly, both these schemes and other government actions were soon met with scepticism and criticised by activists, the media, and NGO groups. Responding to these criticisms, the Tamil Nadu government soon embarked on a large-scale social mobilisation against female infanticide involving not only NGOs, media, and activists but also academics and international donor agencies. One concrete manifestation of this collaboration was a memorable large-scale social mobilisation against female infanticide that took place in Dharmapuri district in 1997 (Athreya, 1998). The move (will be discussed at length in Chapter Six) was largely initiated by the team of a development economist (an Indian Institute of Technology Professor) and a government official (Commissioner of Health) under Tamil Nadu Area Health Care Project (TNAHCP), financially assisted by The Danish International Development Agency (DANIDA). Fourthly, female infanticide in Tamil Nadu has recently been made a Public Health issue, as the direct responsibility of documenting female infanticide now lies with the Department of Public Health and Preventive Medicine. According to the Department, all such deaths are classified as 'Death due to Social Causes' – a euphemism for child deaths where infanticide is suspected. The implication is that governmental programmes on female infanticide have increasingly been merged with the programmes on countering population growth, increasing sterilisations, and providing maternal and child health care. The following is what the Directorate of Family Welfare says on its website.

Family Welfare Programme is intended to provide maternal and child health care and thereby to bring down the growth rate of population. It is also intended to avoid higher order birth [i.e. birth of more than two children in a family] and prevention of female foeticide and female infanticide. Most of the female foeticide and female infanticide are meted out to the foetus / new borns [sic] who are third or fourth order conceptions/births. Family welfare programme aims at avoiding such higher order conceptions / births to prevent female foeticide and female infanticide. [<http://www.tnhealth.org/dfw.htm#> last accessed on April 30, 2007]

In line with this pronouncement, various committees have been formed at the district, the block and the village level, bringing the NGO and health and nutrition workers

together to watch, monitor and counsel all ‘high risk’ pregnant women for undergoing sterilisation using both persuasion and coercion. The NGOs, many of whom are funded by international donor agencies, work in tandem with district and village-level government health officials to maintain close surveillance on such families and submit monthly reports of all such mothers who are either pregnant or have delivered recently (this particular scenario will be described in Chapters Six and Seven, on NGO responses). Suffice to state here that as part of the close surveillance of the ‘high risk’ families, the NGO fieldworkers along with the VHN (appointed under DANIDA assisted programme) and the Child Nutrition Worker (appointed under Integrated Child Development Services programme), routinely detect and register pregnancies, watch and monitor their progress, register the births, monitor and follow up the births, of a female infant, until the mother is sterilised. Such an intervention, which often classifies and portrays women as objects of attention requiring governance, development and improvement, is also reminiscent of the colonial government’s strategy to prevent female infanticide (Sunder Rajan, 2003).

The enlargement of government regulations, control, and documentation on female infanticide, therefore, provides a perfect example of understanding myriad forms of political technologies, – which Foucault (1978) has called the *bio-political* dimension and which Donzelot (1980) has captured in the ‘policing of families’, – that invest the contemporary body, health, and the entire space of human existence in the particular ethnographic contexts of Tamil Nadu. I will return to this discussion briefly at the conclusion of this Chapter. Below I first outline the government programmes on female infanticide, followed by particular case studies to demonstrate the actual practice of governance as an illustration of the policing of families.

## **5. 2. Description of the Government Policies and Programmes**

Two programmes have constantly figured in all public discussion on how to reduce if not to eradicate female infanticide, i.e., the CBS and the GCPS. These two schemes form fertile ground for representations and language around the subject in Tamil

Nadu. Casual reviews, evaluations and assessments of these two schemes have formed part of the academic and journalistic writings on female infanticide in Tamil Nadu since 1992 (see Rasheeda, 1992; Venkataramani & Mathew, 1992; Krishnakumar, 2005a; also see George, 1997; Negi, 1997; Sunder Rajan, 2003). However, a thorough enquiry into these measures has rarely been attempted. Viewed from the perspective of women considering female infanticide, the schemes appear to be fraught with tensions and conflict both from the point of view of their 'concepts' and 'implementation'. Yet these schemes have survived and their proponents have pronounced them to have been a huge success in curbing female infanticide. Though it is beyond the task of this Chapter to analyze the success of these schemes demographically, I wish to raise some analytical questions about their methodologies and ideologies. It is worth noting here that the immediate and the earliest response of the government, to the publicized reports of female infanticide, was of denial and false accusations and charges against the NGOs and the media, followed by a claim that the practice was only confined to a particular place in the state (where it was reported first). Not surprisingly then, these organizations were repeatedly harassed, ostensibly to discourage them from continuing to publicize the issue (see George, 1997). In contrast, the response of government in Tamil Nadu changed from denial to acceptance when AIADMK came into political power in 1991 and when Jayalalitha became the Chief Minister. She launched these two schemes in 1992 becoming the earliest proponent of 'saving' babies in the state. Other than introducing these two schemes, earlier that year, there were also arrests by district police, particularly in Salem, of some families who were accused of committing female infanticide (George, 1997).

Since its announcement in 1992, the stories of CBS and GCPS have been of interventions, conflicts, criticisms, denials and acceptances, and of the rise and fall of the state's intentions. Notwithstanding the fact that these schemes, in particular the CBS, has been severely criticized by the NGOs and academics alike, for their concepts and implementation (see George, 1997; Sunder Rajan, 2003 for such criticism), they have continued to be at the centre of all interventions and discourses surrounding the status of girl children and women's well-being in Tamil Nadu. Both

these schemes have been amended and changed twice since their inception and their popularity has periodically risen and fallen amidst the change of power in political affairs of the state. However, the irresistible notion of the 'children of the state', as Sunder Rajan (2003) has termed it, has maintained the vigour and vitality of these schemes. This becomes evident from when the Jayalalitha led AIADMK government, which gave birth to and nurtured these schemes, was not in power (1996-2001), the schemes survived. Although the incumbent DMK government which replaced AIADMK between 1996-2001 rarely showed any commitment to sustain and go ahead with the earlier regime's measures, this lack of political will on the part of DMK functionaries was diluted by the proliferation of research and writings (mostly by NGOs, academic and activists) during 1996-2001, and the agencies that had funded these research and the resultant interventions. Additionally, a similar move by the Central government in August 1997, in the form of introducing a series of 'financial incentives' to poor families having two surviving girl children, has provided further impetus and justification of such measures.

After providing something of the context, let us now consider these two schemes at some length. The material describing these programmes was gained often from tortuous interactions with government officials, policy documents, various reports as well as some material from newspapers. It has certainly not been an easy task to do so. I was often denied access to the data on the CBS and the GCPS. As discussed in the methodology section of this thesis, the junior officials of the concerned department were explicitly instructed not to reveal this information to outsiders.

### **5. 2. a. Cradle Baby Scheme**

The CBS was devised as an immediate rescue mission, in areas where female infanticide was believed to be rife at the time. Cradles were to be placed outside PHCs, hospitals and orphanages, to receive the newborn female infants that may otherwise have been killed; families were openly asked to abandon unwanted female infants in the cradle, rather than kill them. The scheme was originally introduced in the three districts of Salem, Dindigul and Madurai. Since 2001, following the return

of AIADMK to power, additional centres have been opened at Theni and Dharmapuri districts with an increased budget outlay by 2005-06 of Rs.680,000 for the scheme in each of the named districts. The scheme was gradually extended to most districts of Tamil Nadu with the setting up of 188 cradle centres (GoTN, 2006).

In the earlier days of the introduction of CBS, cradles were literally placed outside PHCs, hospitals, orphanages and government offices for collecting babies. Usually people would leave their unwanted babies in the wee hours of the dark night, to avoid detection and by the time they would be taken in the morning, many had already died. Succumbing to widespread criticism of the manner in which babies were collected, the government changed the modalities. Now the baby's adoption from the villages is facilitated either with the help of a VHN, a Child Nutrition Worker (CNW henceforth), or an NGO fieldworker. In a few cases, parents actually gave their babies directly to the District Collector at the Salem administrative office. No allowance is usually paid for the distance that parents travel while surrendering their babies. One of the things that became mandatory after re-introducing the scheme was that parents must sign a declaration for surrendering their babies; in the case of abandoned babies, the Social Welfare Officer's signature suffices. A time period of usually two months is also given, for the parents to come back and claim their babies back, if they desire to do so. These children were taken care of by the district cradle centre. The centre subsequently hands the babies over to the NGOs or the adoption agencies, which then identify parents willing to adopt them. The parents adopting such children are watched and held responsible for maintaining regular contact with the NGOs and/or the adoption agencies. These NGOs also charge the prospective parents some fees which go towards the maintenance and other paper work costs. The Tamil Nadu government, so far, has twenty-one licensed adoption agencies, of which nine are also recognized for inter-country adoption. Table 5.1 maps the distribution of babies received under Cradle Baby Care Centre in Salem who were subsequently handed over to the various licensed adoption agencies in Tamil Nadu.

**Table: 5.1: Details of Salem Babies in Transferred to Adoption Agencies between 1992 and 2003**

<b>S.N</b>	<b>Child Adoption Centre</b>	<b>1992-1996</b>	<b>1997-2001</b>	<b>2001-2003</b>	<b>Total</b>
1	<i>SOS, Tambaram, Chennai</i>	40	-	-	40
2	<i>Sewa Samajam, Chennai</i>	26	-	16	42
3	<i>Annai Teresea Illam, Salem</i>	6	-	2	8
4	<i>Betteille Denispettai, Dharmapuri</i>	5	-	-	5
5	<i>Donaoor, Tirunalvelli</i>	5	-	-	5
6	<i>Raja Rajeshwari Mahila Samajam, Salem</i>	2	-	-	2
7	<i>Balamandir, Chennai</i>	1	-	12	13
8	<i>Ananda Ashram, Hosur</i>	-	4	-	4
9	<i>Kulundaigal Kudumban, Kovai, Coimbatore</i>	-	1	15	16
10	<i>Sakshid, Trichi</i>	-	3	30	33
11	<i>Karnapriyag, Chennai</i>	-	1	5	6
12	<i>Holy Appassals Convent, Chennai</i>	-	-	31	31
13	<i>Christ Faith Home, Chennai</i>	-	-	21	21
14	<i>Life Line Trust, Salem</i>	-	-	27	27
15	<i>Conquered House of Jesus, Chennai</i>	-	-	15	15
16	<i>Madras Social Services Guild, Chennai</i>	-	-	23	23
	<b>Total</b>	<b>85</b>	<b>9</b>	<b>197</b>	<b>291</b>

*Source: District Social Welfare officer, Salem*

### *The CBS and the Adoption*

A disaggregated analysis of these babies given to various adoption agencies as shown in the Table 5.1 raises some concern around the politics of adoption in the context of CBS operation in Salem. First, during 1997-2001, when the incumbent DMK government was in power, a total of thirteen babies were received under the CBS in Salem (as opposed to 85 and 197 during AIADMK in 1992-1996 and 2001-2003), of which only nine babies were given in adoption to four adoption agencies – all based outside the district. The whereabouts of four remaining babies were neither disclosed to me nor was it confirmed that they died; though some of my journalist friends speculated that these babies died. Second, during 1992-96 and 2001-03, when the AIADMK was in power, not only did the number of agencies increase significantly but also the agencies used in 2001-03 were almost completely different from those used in 1992-96.<sup>54</sup> Third, within the official corridors it remained ambiguous as to why most babies were given to adoption agencies that were operating outside Salem district, mainly to Chennai-based agencies, despite the presence of two adoption agencies within Salem district (namely *Annai Teresea Illam* and *Raja Rajeshwari Mahila Samajam*).<sup>55</sup> A plausible explanation could be sought in the consequences of adoption practice in Tamil Nadu, i.e. in the commodification of children. In recent years, Chennai-based agencies have been challenged in terms of explaining the rise of child-trafficking and other malpractices involved in inter-country adoption deals in the state. As a result, a number of Chennai-based adoption agencies have either received a termination of their licenses or are facing an investigation. Some investigations by the *Frontline* journalists also revealed that in 1999 there were some police-arrests based on the complaints of babies being stolen from the government hospital that were later found in an adoption agency in Chennai (Krishnakumar, 2005b). A study by Sujata Mody (cited in Krishnakumar, 2005b) on the adoption agencies and institutional practices in Tamil Nadu reveals a complex maze of sleaze, with unethical and illegal dealings to the extent that even a very superficial investigation into inter-country adoptions

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<sup>54</sup> A considerable increase in the number of babies received under CBS and subsequently given to adoption agencies between 1992-96 and 2001-03 only reiterate my argument for Salem as witnessing the third and current wave of social and political mobilisation against female infanticide in Tamil Nadu. See Chapter Six for a detailed discussion.

<sup>55</sup> The third child adoption centre – Life Line Trust – started its operation in Salem only in April 2002.



opens up a can of worms. These reports and inquiries have also hinted at a possible collusion between the government officials and the adoption agencies, and as a result, the credibility of CBS has come into question.

*The CBS and the Politics of Number*

The children saved through CBS so far varies. Between May 1996 to April 2001, (when the AIADMK government was no longer in power), only 13 babies were admitted under the CBS. Since May 2001, following the return of the AIADMK government, the scheme was revived and ever since until the completion of my fieldwork, (i.e. August 2005), more than 600 babies had come under the care of the Salem centre alone (see Table 5.2 below).

*Table 5.2: Details of Babies Received under the CBS, Salem: From October 1992 till August 2005*

Items	Explanations
Total babies Received	710
Male babies	39
Female babies	671
Babies returned to biological parents	27
Babies died due to health sickness	39
Reasons quoted in the official register for admitting the babies	Poverty, Physically Deformed, Unwed Mother, Father's Death, Mother's Death, Family Disintegration, Abandonment, Rape, Orphan Child, More than two daughters.
Budget for 2005/06	Rs.681,000 per district

*Source: District Social Welfare officer, Salem*

Detailed statistics with regard to babies being registered under the CBS tell some interesting aspects of the working of the scheme. First, according to the register of District Social Welfare Office, Salem has received a total of 710 babies between October 1992 and August 2005. Of these, twenty-seven babies have been ‘returned to biological parents’, and thirty-nine babies had died due to ‘health sickness’. Second, although the CBS was designed explicitly to counter the practice of *female* infanticide, thirty-nine *male* babies were accepted under the scheme in Salem. Were these male babies a potential victim of *male* infanticide? A few government officials

confirmed my doubt as positive, although this was not a line of thinking that was consciously entertained by them in an intervention on female infanticide. I will return to some ethnographic contexts of this approach through my interaction with the District Social Welfare of Salem later in this Chapter. Third, the reasons for surrendering the baby under the CBS were quoted as 'poverty', 'physically deformed', 'unwed mother', 'father's death', 'mother's death', 'family disintegration', 'abandonment', 'rape', 'orphaned child', and 'more than two daughters'. Such a wide spectrum of reasons quoted by the biological parents while surrendering their baby under the care of the state seem to form the basis for the state's social theory of female infanticide. That is why the government in Tamil Nadu essentially views female infanticide as a result of 'poverty', uses 'female infant mortality rate' and 'gender discrimination' as an indicator and sees 'family planning' as the most important goal and, thereby, is orienting all its policies and programmes accordingly. A description and working of two such schemes under consideration in this Chapter corroborate my argument.

There have been mixed and often contradictory reactions to this scheme. On the one hand, many activists and NGOs have been vocal in pointing out that while the state claims to be the custodian of any abandoned children, it legitimizes and encourages female infanticide, by absolving parents of responsibility towards their daughters. Some others agree that the scheme actually encourages son preference, as families can continue to dump the girl child in the cradles, till they have produced the desired number of sons (George, 1997). On the other hand, NGOs operating in the region have been phenomenally successful in implementing the CBS. For peaceful co-existence with the government departments, all NGOs working on female infanticide prevention are required in principle to demonstrate their proficiency in curbing the practice by showing the statistics annually, on babies that they have facilitated under the CBS. The NGO fieldworkers, therefore, spend considerable time and efforts in the field, in conjunction with the VHN and the CNW, in finding families with 'high risk' mother/s and then in persuading the mother/s to surrender the newborn to CBS, if it happens to be a female child. More often than not these mothers are also coerced by both VHN and the NGO fieldworkers into undergoing sterilization, after the CBS

facilitation, as the narratives below would demonstrate. Additionally, the role of the media has been paramount in publicising the success and consolidating these schemes socially. A significant shift in the publicising of the success of this scheme is particularly visible after the return of AIADMK government in May 2001, as captured below through the headlines of the largest Chennai English-language daily – *The Hindu*.

- June 19, 2001: 'Cradle baby scheme' revived, *The Hindu*: Chennai.
- November 30, 2001: 'Cradle baby' scheme not popular in Usilampatti (but female infanticide is on the decline)', *The Hindu*: Madurai
- October 01, 2002: '302nd cradle baby in Salem Centre', *The Hindu*: Salem
- January 05, 2003: 'Cradle baby scheme has saved 653 children', *The Hindu*: Salem
- October 28, 2003: 'Need for cradle baby scheme must go', *The Hindu*: Thanjavur
- December 27, 2003: 'From cradle babies to Danish girls' , *The Hindu*: Salem
- May 07, 2004: 'Newborns handed over to cradle baby centre', *The Hindu*: Dharmapuri.
- June 30, 2005: 'Cradle Baby Centre receives 600th baby', *The Hindu*: Dharmapuri
- July 15, 2005: 'Arrival of babies on rise', *The Hindu*: Dharmapuri

Source: Online editions of *The Hindu*

## 5. 2. b. Girl Child Protection Scheme

In contrast, the GCPS, also launched in 1992, is a long term financial incentive to keep the girl children in the families by depositing money in the public funds for each girl participating in the scheme. The scheme was earlier called the '*Puratchi Thalaivi (Revolutionary Leader) Dr Jayalalitha Scheme for the Girl Child*' and later renamed as the GCPS. The scheme was originally introduced as part of the 15 Point Programme for Child Welfare designed by the AIADMK government during 1991-

1996. A further three more points were added to it by Jayalalitha in 2001, when she returned to power, renaming it as the 18 Point Programme for the Welfare of Women and Children. Under the initial scheme, for every girl child in the 0-4 age groups who belonged to a rural family that satisfied a number of criteria including that of undergoing sterilisation, Rs.2000 would be deposited in a special public fund maintained by the government. At age 20, the girl would receive Rs.10.000 either to pursue higher education or to get married. A sum of Rs.40 million was allocated for the scheme then (Krishnakumar, 2002c).

Under the present scheme, “families with a lone girl child or two girl children could benefit from an initial deposit of Rs.22.200 and Rs.15.200 respectively, made in the name of the child with Tamil Nadu Power Finance Corporation, by the government. Apart from a monthly payment of a minimum of Rs.150 from the interest accruing from the deposits, each of the two girl children will be eligible for a terminal benefit from the deposit with accrued interest at the end of 20 years. The budget of the present scheme was about Rs.227 million in 2001, which was further increased to Rs.500 million during 2005-2006” (GoTN, 2006).

The most significant addition to the revised scheme was an increase in the set of filtering criteria for the applicant families. These criteria were collected from a GCPS application format, which was shown to us by one of the applicant families. I have divided them into ‘pre-application’ and ‘post-application’ criteria, for the sake of clarity of argument.

### ***Pre-application Criteria:***

1. Either of the parents must be sterilized within a year of the child’s birth.
2. Sterilization certificate must be issued by a public health official within a year of the child’s birth.
3. Application to this scheme must be made within a year of the child’s birth.  
(This was extended to three years by Jayalalitha just before the Tamil Nadu Assembly Polls in 2006)

4. Parents must be resident in the state for the last 10 years preceding the application.
5. Their age must not exceed 35 years.
6. For families with one daughter, their family income should be below Rs.50.000 per annum and for families with two daughters, it should be below Rs.12.000 per annum.
7. The gap between the two children should not be more than 3 years.

***Post-application Criteria:***

8. The maturity value shall be payable only if the girl children study up to 10th Standard and appear for the Public Examination. If the children do not appear for the 10th Standard Public Examination before the completion of 20 years of deposit, such children are not eligible to receive the maturity value and it shall be forfeited to the Government Account.
9. Every five years, families must come for renewal of the scheme at a specified date. If they failed to turn up on the specified date, such families will be disqualified from the scheme.
10. If either of the children dies, the money shall be forfeited to the Government Account.

The inclusion and enlargement of these stringent and needless criteria is understandable in the context of the state's limited intervention towards target families for the scheme with a modest budget outlay. Some evidence of this can be seen in the fact that out of 3540 GCPS applications made in Salem district, only 1450 applications were cleared by the government so far (see Table 5.3). Moreover, these criteria lead to an endorsement of the family's perception of girl children as a burden. I will provide some context to the bureaucratic apathy by highlighting issues around the unsuccessful applications and in reinforcing the notion of daughters as burden, through Chellamma's narrative in the forthcoming ethnographic section.

Some of the immediate responses to the revised scheme suggested that “the amount allocated for the scheme would cover hardly 1 per cent of the 7,70,492 girl children in the 0-4 age groups from poor households...(given the fact) that every year 1,96,684 girl children are born in poor households at a birth rate of 19 per 1,000 and by considering that 35 per cent of the population lives below the poverty line” (Krishnakumar, 2002c). It was, therefore, suggested that at least around Rs.169 billion – instead of Rs.500 million – would be needed in order to cover all female children in the 0-4 age group (Ibid).

Table: 5.3: Details of Girl Child Protection Scheme, August 2005, Salem

S.N	Details	Numbers
1	Number of Applications made per month (on average)	43-44
2	Number of Applications successfully cleared so far	1450
3	Number of Applications still pending (not cleared)	2090
4	Total Applications made so far	3540

Source: District Social Welfare officer, Salem

Looking at the outcome of GCPS applications made in Salem district by families with only girl children, one can not help gauge the populist agenda inherent in GCPS, which was mainly introduced, according to the Tamil Nadu government’s website, “to promote family planning, to eradicate female infanticide and to discourage preference for male child” (<http://www.tn.gov.in/policynotes/archives/policy2002-03/swnmp2002-03-2a.htm> last accessed on August 21, 2005). The nature of such short lived and highly publicised measures is also reflected in the fact that when the AIADMK government was no longer in power during 1996 and 2001, the alternative DMK government had put the cause on the backburner with practically no efforts being made to continue with the scheme (Krishnakumar, 2002c). The same can also be seen in the case of CBS through the sharp fall in the number of babies received and transferred to adoption agencies (i.e. only nine babies) during the same period (see Table 5.2). The apparent lack of political will on the part of the DMK government that returned to power in 2006 to continue with the policies and programmes of its rival political party reflects the uncertainties that earlier prevailed in people’s minds during the AIADMK regime. ‘What if Jayalalitha is ousted from power?’ persistently echoed

during my fieldwork. Considering the fact that the earliest beneficiaries of GCPS could receive the terminal benefits only in the year 2012, after completing 20 years of a girl's schooling (only for one of those first lot of applications successfully made in 1992), the family's nightmares have come true in the wake of AIADMK's ousting from power in 2006.

There are many other erroneous perceptions involved with this scheme. First, GCPS is based on the assumption that all those who kill or do not want daughters are poor, when empirical evidence suggests that the mass of those who are involved in selective elimination of female fetuses are relatively privileged. This poses a significant dilemma for state's responsiveness to female infanticide in that it seeks to differentiate the issues of killing babies post-natally from that of aborting the female fetuses pre-natally. Second, a strong focus on undergoing family planning without sons as the condition for participating in GCPS – quite akin to CBS – places the government outside and alien to the cultural milieu (of son preference) of the population, with which it claims to engage. As stated earlier, the prevailing son preferences mean that parents may not be willing to undergo sterilisation until they have a son. As far as I can tell, all those women who have applied for this scheme opted to do so for the reasons other than the logic of financial imperatives that the government so powerfully promotes. Furthermore, at the local level, the popular perception suggests that such a meagre financial incentive do not compensate for the major expenses incurred in bringing up a daughter, notably the dowry expenses. On the other hand, some commentators also fear that the money, if ever received, could be used for meeting dowry expenses in a daughter's marriage (George, 1997). Likewise, the government's pushing for the education of the girl children (through GCPS), without creating adequate infrastructure for schooling, pointed to populist intentions rather than a desire to solve the problem (Krishnakumar, 2002c). Given this scenario, it is somewhat disappointing to see that GCPS has now been duplicated and introduced with more or less the same principles and criteria to the capital city (Delhi) of India since mid-2006, with a meagre budget outlay of Rs.100 million ([http://www.socialwelfare.delhigovt.nic.in/cmsw/ns2006\\_gcp.htm](http://www.socialwelfare.delhigovt.nic.in/cmsw/ns2006_gcp.htm) last accessed on July 31, 2007). Similarly, the Indian Ministry of Women and Child Development is

also planning a 'conditional cash transfer scheme' for girl children with a budgetary provision of Rs.135 million within the proposed Integrated Child Protection Scheme of Rs.855 million being earmarked from the Union Budget of 2007-2008 (<http://www.empowerpoor.com/relatednews.asp?report=501> last accessed on July 31, 2007).

### **5. 3. Voices from the Field**

While there had been mixed responses to CBS and GCPS in the government, NGO and media discourses, let us now look at the voices from the ethnographic field. The data is not exhaustive (of the field) but represents a small selection from my field-notes collected after various talks and frequent interaction with mothers, VHNs and NGO fieldworkers.

#### ***Scene I: Somewhere between Mettur and Macheri, September 2004***

In the initial days of the fieldwork, I often used to spend time with the local NGO fieldworkers, discussing and participating in their events and meetings. In one of the monthly review meetings on female infanticide by the fieldworkers, I was told about one of the first instances, whereby a mother was to 'surrender' her newborn female baby to the CBS. This was the fourth consecutive female child born to Munnusamy, aged 40 and Ayupunna, aged 35; both of them worked as agricultural labourers and belonged to the Vanniyar caste (classified as one of the most backward castes in Tamil Nadu). According to the NGO fieldworkers, the mother threatened to kill her newborn baby in broad daylight as the VHN had refused to facilitate her baby under CBS without undergoing sterilization, which she had consistently resisted. I asked the NGO fieldworkers if sterilisation was a pre-condition to participating in the CBS and they said no. The reason quoted by the NGO fieldworkers was that the couple were expecting the birth of a son in their next delivery based on their *Jathagakarar's* (astrologer) prediction. With the help of NGO fieldworkers, I visited the family and talked to the mother. The following excerpt is presented here to give some understanding of the operational complexities of the CBS.

**Interviewer:** Why do you want to give your newborn under CBS?



**Ayupunna:** Who will bring up one more daughter for us? Who will pay for wedding expenses including *nagai* [the gold customarily required in wedding] and *varu-dakshina* [dowry]? We are already so poor with three daughters and there is no son here. People have started looking down at us. No one helps today. You tell me how I could afford four daughters on our meagre income. Will government give us any money? They won't.....

**Interviewer:** Why did you not undergo operation after the birth of two daughters like most people are doing now?

**Ayupunna:** How could I? I want a son. My *Jathagakarar* had told me that there is a son in my *jathagam*. But these people are telling me to undergo 'operation' [sterilisation]. Why should I? I badly need a son for my family [started crying].

**Interviewer:** But if a daughter is born again. Do you still believe in *jathagam*?

**Ayupunna:** Yes! We took this baby to *Jathagakarar* and he said that she is not good for our family. She will bring ill-fate for all of us. That is why I do not want to keep this baby.

[Recalling what she had just said about dowry and heavy expenses in bringing up a daughter, I immediately asked:]

**Interviewer:** So would you then keep this daughter if you suddenly become a *Panokkarar* [rich person]?

**Ayupunna:** [After thinking for a while] No..... because as per the *jathagam* this child brings ill-fate with her.

[Field notes: Kanakavalli, September 27, 2004]

Ayupunna's story reinforces the role of astrologers in everyday life of the people and their belief in *jathagam* while deciding the fate of the newborn. Of late, the local NGO has identified astrologers as the major player in female infanticide and thus eventually began a series of activities around creating awareness and educating them (the *Jathagakarar*) for female infanticide prevention (this will be discussed in detail in Chapter Seven). However, such discourses are clearly absent in government quarters. The case of Ayupunna reiterates a similar argument that I have made above

with regard to a relative non-familiarity of the state with the cultural contexts of reproductive matters. The prevailing son preference demands that most (though not all) parents may not be willing to undergo sterilisation until they have a son.

### ***Scene II: Peri Thanda, February 2005***

I can not afford to facilitate another child for adoption under Cradle as nowadays this is taken to mean our poor performance in the village. Such facilitations would also mean my poor performance in family planning operations. Those sitting high do not understand how difficult it is for us to convince a family for sterilization when everybody here wants a son. [Shakunthala, the VHN, February 05, 2005]

The statement made by the local VHN revealed to me some of the politics of adoption besides revealing some other facets of the handling of the scheme. During my stay in this village a close friend and an NGO fieldworker asked me to advise him over a difficult situation that had arisen, following the birth of the third girl in a poor agricultural Lambadi family; it was an 8th order birth. At least three children had reportedly died and the family already had 2 daughters and 2 sons. The couple decided to give up their new born daughter under CBS. The reason they gave to the VHN was that they were living in abject poverty and so they could not bring up any further children. The VHN denied facilitation for two reasons that she quoted to me. One was that the couple was not ready for sterilization and two, that there came a verbal order from the higher government health officials (at the PHC) that transfer of babies must be discouraged as the district Cradle centre was unable to cope with too many babies. Indeed, with two Auxiliary Nurse Midwives (ANM) and two helpers, the district cradle centre could accommodate only 10 children at a time. The explanation making the rounds with the local health functionaries was that the district cradle centre had already received over 650 babies and so the department could not afford further collection of babies. Such a pronouncement had created trouble for both my NGO fieldworker friend and the VHN as the family was adamant on giving away their baby. The family was continuously issuing threats to kill the baby. With the CBS option closed, both of them wanted to find a private adoption

agency who would accept the baby. In this respect my friend was careful and seeking my help in understanding the complications of legality/illegality of adoption deals. I failed to immediately understand why adoption was so important. In return, he narrated me the fate of two young female teachers who came to this village five years ago and started a primary school for children. Soon they also got involved with 'social work' in the village. In an attempt to save babies from being killed, they began sending children (unwanted by the families), to private adoption agencies as the CBS had not reached the village then. All they would do is to ring the telephone at one of the private adoption agencies that they heard of and someone would come and take the baby away without doing any paperwork. This ran for sometime without any trouble. Then it so happened that one of the families who earlier had abandoned their child, asked them to return the child to them as they realised that it was not the right thing to do. Now these women had no idea how to get back the child and where the child had been placed. The adoption agency refused to admit having ever accepted any children from them. Soon the issue was out in public. Amidst the controversies that became much deeper with media involvement, these two women had to face the bureaucratic wrath for a long time until they were cleared of all charges against them. It was found out that the adoption agency was involved in child-trafficking and had sold the child overseas. Eventually, the license of the agency was cancelled but these women's position and reputation could not be restored, so they left the village. Since then the idea of adoption invokes nightmares as it did to my friend and the VHN.

### ***Scene III: One of the NGO Premises, Aug 2005***

She was the result of a five-minute *tappu* [mistake] and I do not want to bear this '*tappu*' any longer. [A 40 year old SC mother, Edappadi, August 26, 2005]

The above sentence was uttered to us by the mother of a seven days old girl child, who we encountered at a local NGO premises when the child was brought in order to be transferred under the CBS. Chinnapapa, 40 and Kannyan, 42, of Scheduled Caste, were agricultural workers and had recently given birth to their fourth child. They

already had a daughter aged eighteen (who also had a year old daughter), a son aged fifteen, and another daughter aged five and finally the third daughter whom they brought to the local NGO for adoption under the CBS. The adoption deal was facilitated by the local NGO which was also the government recognized adoption centre in Salem district and had won critical acclaim for 'saving' more than 900 babies. During the paperwork for adoption that took place over the next 3-4 hours, only the child's father was called in by the NGO official, so I had the opportunity to talk to the mother at length along with my female research associate. Consider the excerpt:

**Interviewer:** What made you abandon your baby under CBS?

**Chinnapapa:** How can I bear this child at this age? My eldest daughter is already married and had a second daughter as well. What would my son-in-law think of me? How would I show my face to my neighbours? Do you think at 40, I am of an age to give birth to a child? Nobody knows about the birth of this child except my immediate family.

**Interviewer:** How did you then hide your pregnancy from people for so long?

**Chinnapapa:** I managed to do that somehow. But I do not want to be ashamed by the people now.

**Interviewer:** If you had not wished this child, then why did you conceive and give birth in the first instance?

**Chinnapapa:** Who wanted to conceive? It was my stupid husband who had forced me into bed one night when he was drunk. He is always drunk and whatever I earn from Coolie work, he forcibly uses it for his drinking habits. You tell me how I can keep this daughter when you have such kind of husband. How would I get her married? She was the result of a five-minute *tappu* and I do not want to bear this *tappu* any longer. She will live a good life here. I have no money to bring her up.

**Interviewer:** Did you not use any contraception?

**Chinnapapa:** Initially I used loop [copper T] but had abandoned it for sometime because I thought I became too old to use it and it was

giving some trouble for my health. I cannot afford 'operation'. I am already suffering with anaemia, sugar, diabetes and salt. People say that operation is not good for my health. If I undergo operation, who would feed my family, who would look after my children? My husband is useless and does not look after children. He only drinks.

**Interviewer:** Did you not try aborting the child when you were pregnant?

**Chinnapapa:** Many times! But it did not fall. I took *mathirai* [tablet] as well but it did not work. Despite all my unwillingness, she is born now. What else could I do? I have got no *vasathi* [resource or facility depending on the context] to rear this child, so I am giving her away to the government.

At this point, the baby began to howl and cry, so her husband shouted from inside why does she not breastfeed the baby and thus she began breastfeeding while talking to us.

**Interviewer:** When did you start breastfeeding the baby?

**Chinnapapa:** A few hours after my delivery.

**Interviewer:** When did you precisely decide to send the baby off to CBS, before or after the delivery?

**Chinnapapa:** After the delivery. My husband had said that if we get a boy, we would keep him. But a daughter came instead. Two days ago, a close acquaintance had advised me to give the baby under CBS. Both my husband and I agreed to it. Here the baby will receive good care. What could we have given her, anyway?

**Interviewer:** Do you still think that you would not miss your child, by not being able to see her again?

**Chinnapapa:** No. Let her go to a good hand. I am told that someone will take her and give a good life to her. What I can give her? Nothing, I am already so poor and still have one daughter to marry.

[Reconstruction from field notes, Edappadi, August 26, 2005]

The ease with which Chinnapapa justified giving away her daughter under CBS came as no less shocking and different, than from responses of some of the mothers

who spoke to us earlier on having killed their unwanted female babies. Viewed through this story, the act of giving away a young female infant under the CBS echoes somewhat a similar response given by the mothers on female infanticide (discussed in detail in Chapter Eight). The explanations given in terms of poverty, dowry, fertility preference, reproductive practices such as abortion, childbearing, sterilisations in Chapter Eight also resonated in this case. This further suggests that the CBS has come to be synonymous with female infanticide in Tamil Nadu. In fact, an activist in the field has sarcastically asked me whether the Government does not encourage people to continue committing this crime by encouraging adoption under the CBS. The fact that a significant number of babies had died under the state custody for a lack of proper infrastructure and management makes it difficult to shrug the idea at the outset.

#### ***Scene IV: Outside the District Social Welfare Office, Salem, August 2005***

We (Viji and I) encountered Chellammal, aged 32, outside the District Social Welfare Office and invited her for a cup of tea to hear her grievances, as we had overheard her in a conversation with one of the welfare officers a while previously. She was roughly treated and threatened by the official with regard to her application for the GCPS. When requested by us to narrate her grievances, she was overwhelmed with emotion, broke into tears and spoke uninterruptedly.

Chellammal, belongs to a SC, had delivered her first daughter in 1993 and a second one in 1995. Within a day of her second daughter's delivery at the government hospital in Salem, she had undergone sterilization. Three months later, she submitted her GCPS application to the District Social Welfare Officer. She was asked by the officer-in-charge to come back a week later as the officer-in-charge was retiring from her government service that week. A week later, when Chellammal approached the newly recruited officer, she was told to go home and wait for a government acknowledgement letter regarding the status of her application to GCPS. For two long years, she waited for that letter. When she did not receive such a letter, she again approached the office in 1997. She was then asked to fill up a fresh application. Since then, she had been visiting the social welfare office and had spent quite

significant money in the hope that one day her application would be confirmed and her daughter's future would be saved. Here is an excerpt from a long talk that we had that day:

**Interviewer:** Did you not wish for a son? Had you undergone sterilisation particularly for GCPS application or was there some other consideration?

**Chellammal:** Of course I desired for a son. But how could I have one when my *Swamy* [God] does not want me to have one. I had to do 'operation' because both my previous deliveries were caesarean. Doctors have gravely warned me about the complication of the third pregnancy. If I had conceived for the third time, I would have died. So I immediately underwent operation.

**Interviewer:** Who advised you to go for GCPS then?

**Chellammal:** Many people in my locality had already applied [to GCPS]. If government gives money to us, why not take it, they say. But I have suffered so much from the government people. They are rude people. They never gave me an explanation nor did they give me a 'card' yet [referring to a money deposit book that GCPS beneficiaries get once their application is accepted].

**Interviewer:** Did you particularly undergo sterilization after two daughters because you wanted to claim government money?

**Chellammal:** No money can equal the worth of a son. This [Rs.] 20,000 is too little for a son. I would choose a son rather than [Rs.] 20,000 if I was asked. But I am an unfortunate woman. What can I do? I am cursing now why *Swamy* gave me two daughters. Who will get them married now?

**Interviewer:** Are there some people in your village who had successfully received the GCPS card?

**Chellammal:** Many people had applied for this money in my *jathi* [caste/community], but no one had got a card so far. But I know many *Panokkarar* [rich and influential people] who had got their cards. The *Panchayat* President belongs to their *jathi*, so they got it. We have no one to help.

**Interviewer:** What about the NGO....working in your area? Have you not contacted them in this regard?

**Chellammal:** Why would they help us? They only come to us when there is a *Sangha* [meeting] or when they need us.

[Reconstruction from field notes dated August 22, 2005]

Indeed, Chellammal's explanation for GCPS runs parallel to that of many other families in the village (we talked to ten GCPS applicant families), in that the reasons for producing a daughter/s are different from what the government invokes through GCPS in its policy document. Neither son preference nor female infanticide is contained through GCPS. All those families who had applied to GCPS happened to have stopped reproducing for medical, financial, cultural and other such reasons. Even some people in the government department have openly expressed to me that given the dominant son preference in their area, it would be unwise to believe that families would undergo sterilisation, without producing son/s, for this scheme.

#### ***Scene V: In the District Social Welfare Office, August 2005***

Later the same day I became involved in a lengthy talk with the District Social Welfare officer who was in-charge of managing both the schemes for Salem. The officer was a young woman in her early 30s, who had also been the additional in-charge of Social Welfare (of one of the neighbouring districts), besides managing Salem district. With an unusually pleasant personality, she spoke at length. Let us look at some of the perceptions around these two schemes from a government official's point of view.

**Interviewer:** My first clarification, is family planning a pre-condition for [availing] Cradle Baby Scheme?

**DSW:** No. It is not compulsory. But we encourage our staff to motivate couples for family planning. This is so because most of the cases that come to us are from 'high risk' families and families with higher order births.

**Interviewer:** Tell me more about CBS? How has it been helpful in curbing female infanticide?



**DSW:** The scheme is quite instrumental in saving babies from female infanticide. We have 710 cases registered so far. In this year alone, we have received 92 babies. It is quite helpful to poor parents, those who do not want more daughters.

**Interviewer:** But there are some male babies in CBS as well? Were they potential victims of male infanticide or what?

**DSW:** Male infanticide is also coming up in this district but it mostly relates to higher order births or unlawful sex and unwed mothers. There has been some campaign in the district for young girls to avoid sex before marriage.

**Interviewer:** What about the GCPS?

**DSW:** Yes, the GCPS is meant to promote family planning, stop higher order pregnancies and birth, and eradicate female infanticide. It has been in operation since 1992 and has now been revised with an increased outlay.

**Interviewer:** Any ideas, in terms of what kind of families, with what background are coming for this scheme?

**DSW:** Well, ideally it is meant for poor families and to discourage preference for sons in the community. The scheme is quite popular in rural areas. Caste-wise, it is mostly *Gounders* and *Vanniyars* whose applications are visible.

**Interviewer:** Are these castes not already rich and politically powerful?

**DSW:** Yes, you are right! These two caste groups are quite powerful and dominant in Salem area. But only poor [below poverty line] among them are applying to this scheme. That is why we look for their income certificate [during application].

**Interviewer:** Has anybody got the money so far?

**DSW:** Not yet, the first beneficiary in the state would receive the money in 2012 only because the money would be credited to the girl's account at the age of 20, and only after she has completed her 10<sup>th</sup> standard from a public school.

**Interviewer:** What is its future? Given the fact that some people in the village are apprehensive about whether the money would be credited to their account after 20 years?

**DSW:** Honestly speaking, there is a big question mark to the GCPS; what if Ms. Jayalalitha steps down from power in the next election? DMK government has no interest in such matters. I really doubt if the money would ever be released to beneficiaries. One of the major obstacles is the periodical renewal. Every 5 years, either of the parents has to come and renew their account book at a certain date. If they failed to turn up on a specified date, such families would disqualify from the scheme. Many have already failed to do so.

**Interviewer:** Appreciating your honest remark on GCPS, can I ask if the government really thinks that people would opt for this scheme by undergoing sterilisation rather than a son? If it is so, isn't then the idea of discouraging son preference is wrongly placed through this scheme?

**DSW:** Well, what you are saying is totally right. Nobody, who desires a son in the family, would opt for this scheme and not a son. That is the single most cultural barrier that we are facing in our family planning campaigns. But we can not compromise on our campaign [of family planning] solely due to this. The campaign has to go ahead.

[Reconstruction from field notes dated August 22, 2005]

Since I could not use a tape-recorder, I reconstructed the preceding discussions in the above format with inputs from my diary notes and Viji's recall over telephone. A similar concern has been earlier expressed by the district administration in the media with regard to social mobilisation campaign and other such strategies to combat female infanticide. For example, a decline in the IMR in Salem district "from 108 per 1,000 in 2000 to 55 per 1,000 at present" (in 2002) has been attributed to "measures such as activation of monitoring committees in 385 village *Panchayats*" (in order to bring pregnant women under surveillance and counsel high-risk couple for undergoing sterilisation) and staging a number of "field level social mobilisation campaigns" (218 alone by 2002) to eliminate "gender bias and (promote) adherence to small family norms" (*The Hindu*, October 01, 2002).

It would, therefore, be wrong to suggest that government officials operate in cultural vacuum, because they do not. They do have some understandings of the cultural reasons behind a family's logic for son preference. Yet the government's strategy on female infanticide prevention has been fraught with conflicts of interests (to that of families), by pursuing an aggressive sterilisation campaign. What instead emerges from this paradoxical location is a claim by the district administration that female infanticide has now been controlled and the same is visible in the reduced trends of IMR in the district (a claim also made by Deputy Director of Health Services, Salem during an interaction, but that remained unsupported by the IMR figures since I was unable to get access to them). During these interactions with the government officials, I was constantly led to believe that since female infanticide has been declining, sex selective abortion has been increasing. By proclaiming this, the discourse on female infanticide (which had so far centred on pregnant mothers in rural families and communities), has now been extended to include medical practitioners (gynaecologists, in particular) under its gaze. Some evidence of this claim was made visible towards the latter part of my fieldwork when the Tamil Nadu government had asked, through the district administration, the members of SHGs to increase surveillance and watch the 'scan centres' in their localities and report back on any misuse of scanning and/or sex determining technologies. The job was entrusted to the Tamil Nadu unit of Indian Council of Child Welfare in Salem and Dharmapuri districts with a sum of Rs.25 lakhs (2.5 million) being sanctioned for the project (Ilangoan, 2004). Another instance of surveillance over scan centres came to my notice much later when one of the NGO directors, after having participated in a meeting summoned by the district administration, informed me that the district administration was planning to oblige all scan centres in the district to submit their monthly register of all pregnant mothers who visited their clinics. According to the Policy Note of 2004-2005 of Tamil Nadu Health and Family Welfare Department, there were 2534 registered scan centres; 90 unregistered scan centres have been identified and cases were filed against 61 scan centres in which 43 scan centres were implicated in a judgement of a total or partial ban on the use of scanning techniques (<http://www.tn.gov.in/policynotes/archives/policy2004-05/health2004-05-3.htm> last accessed on December 18, 2007).

However, in reality, the government and NGO have both admitted having little or no control over sophisticated and undetectable methods of sex selection that people employ. What then remains as a submerged reality is the fact that female infanticide has not been eradicated but has simply escaped a successful monitoring and surveillance amidst changes in the *modus operandi* of deaths, which now ranges from falsification of the sex of the dead infant, concealment of such deaths under a medical umbrella with a strong support from the villagers and village-administrators, to changing of residence of pregnant mothers at the time of delivery. Some ethnographic snippets towards this collusion of interest between the government officials and the community are provided in Chapter Seven. Moreover, the increase in sex selective abortion itself has been viewed by the government and NGO officials alike, as a consequence of stringent and punitive actions against female infanticide that has taken place alongside vigorous propaganda and programmes on population control. The assertion that as fertility decreases female disadvantages in infancy are seen to increase has already been well established in the discourses on population control and female children's declining life chances (as now also expressed through declining female to male child sex ratio). Therefore, the pressures and the constraints generated by bio-medical modes of the family planning (mainly government-led sterilisation) campaign in Tamil Nadu continue to create, induce, and maintain the cultural milieu of son preference. Ironically, all this taking place under the modernising-demographic engineering project in Tamil Nadu, which inherently classifies female infanticide and sex selective abortions as non-bio-medical practices that need to be controlled under the technical and bio-medical prescriptions of health. No wonder then, female infanticide has been rendered as a backward, primitive and irrational practice by the government in Tamil Nadu, and in so doing, it does not differ much from the colonial government measures on modernising reproduction in the nineteenth century India, as already noted in Chapter Four.

## 5. 4. Conclusion

Having discussed these policies and programmes aimed at female infanticide prevention in an ethnographic context, I now attempt to situate this project as an instance of the continuities of rhetoric and practice of a ‘civilising mission’ in post-colonial India. The term civilising mission refers to “the grand project that justified colonialism as a means of redeeming the backward, aberrant, violent, oppressed, undeveloped people of the non-European world by incorporating them into the universal civilisation of Europe” (Anghie, 2005: 3). I use a particular expression of the term to refer to an agenda or a discourse of ‘civilisational otherness’ (Sunder Rajan, 2003). The term was deployed by the British colonisers largely for the self-legitimation of their rule in the name of ‘improvement’, ‘betterment’ and even ‘social and moral progress’ of the colonised (Mann, 2004). While some historical analysis had been undertaken with regard to understanding the ‘civilising mission’ as a programme, concept and ideology in British colonial India (see Fischer-Tine & Mann, 2004 for a discussion on civilising mission in the colonial context), the stories of its continuities in the post-colonial Indian set up are rarely heard in academic analyses.<sup>56</sup> If at the heart of this mission were an embodied ideology and a material programme of knowing, naming and ordering (see Waligora, 2004) of public spaces and political relations, do the contemporary governments differ much on this count or have they abandoned such an approach of governance? If, and indeed, the undertakings of ‘civilising mission’ has granted the colonisers what Prasad (2005) has equated with Jacques Donzelot’s notion of ‘supervised freedom’ (freedom that had to be forever policed), has the policing of families and communities been abandoned in the post-colonial governance in favour of a liberalised notion of freedom for individuals and families. Or in other words, has the tension between individual and collective choices/rights been resolved? I suggest not! While the ‘self-legitimation’ processes or the pragmatics of rule in the colony has indeed been replaced with a more absolute mandate of the postcolonial state that need not be reiterated (Sunder Rajan, 2003: 199), the very philosophy and legacy of colonial ‘civilising mission’ continues to shape the conduct of post-colonial governments in

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<sup>56</sup> For a historical exception on the rhetoric of its continuing operation in the context of international law, see Anghie (2005).

South Asia. The shift in global discourse from 'improvement' to 'development', in which most governments today have increasingly oriented their programmatic activities around welfare and development, in fact, has provided a spur to retrieve the procedural and bureaucratic hegemony akin to colonial 'civilising mission' agenda.

There have been some arguments and counter-arguments over whether the post-colonial governments differ much in addressing social issues like female infanticide from the colonial ones. Some people argue that the modern Indian state derives its stand on tackling female infanticide in Tamil Nadu, from the colonial government's 'civilizing mission' discourse (Oldenburg, 2002). Others argue that the post colonial state claims for itself a more absolute mandate for intervening in social or women's issues than colonial ones, by claiming a consensus that need not be reiterated (Sunder Rajan, 2003: 199). It is also true that contemporary governments are in a different situation from the colonial government, which deployed a discourse of civilisational otherness for pragmatics of rule in the colony. Yet the language and structuring of the post-colonial state's programmatic activities appears to be guided by the colonial practices and differs no significantly when it comes to designing power and governance. A close surveillance of the family that was required as part of the colonial strategy to prevent female infanticide in north west India, mainly included the detection of pregnancies and supervision of their progress, the registration of birth, the monitoring of the welfare of female infants, the information about marriages and so on (Sunder Rajan, 2003: 188). In contemporary Tamil Nadu, a public health based approach adopted more recently in conjunction with NGOs, has led to the formation of various committees at the district, the block and the village level bringing the NGO and health and nutrition workers together to watch, monitor and counsel all 'high risk' pregnant women (this is discussed fully in the next two Chapters). These mothers are similarly watched, supervised and coerced into putting their female infants into state care should they be suspected of killing the newborn. Furthermore, the Tamil Nadu government's structured understanding of female infanticide as a 'backward' and 'criminal' practice and as practiced by the 'other' (by associating it, at least initially, with only few castes/tribes and with poverty, isolation, and certain regions, and cultural practices like dowry) is somewhat akin to

a staple of the explanation in colonial-sociological analyses of female infanticide, in which terms like ‘cruel’ and ‘barbaric’ were replete while describing the local cultural practices (Oldenburg, 2002: 41-72). Such an implicit continuity of rhetoric and practices to ‘civilise’ those groups and communities which were left out from the mainstream on the part of contemporary Tamil Nadu government has served a significant purpose – much as the colonial governments did in their civilising mission agenda in the nineteenth century British India (see Oldenburg, 2002). This has allowed the government to intervene in women’s reproductive and sexual practices, by linking it with development and social change in areas like literacy, labour, untouchability, and health (Sunder Rajan, 2003). To retrieve the liberal democratic state for a project of welfare and development in the post-colony where its limits have not yet been reached – as Sunder Rajan (2003:195) seems to suggest – involves, therefore, the risk of reclaiming the postcolonial state for an explicit agenda and discourse of ‘civilising mission’.

Finally, the origin and growth of the programmatic activities of the state and non-state actors around female infanticide control in contemporary Tamil Nadu corresponds to a historic rise of the ‘social’ – a practice of the government that Donzelot (1980) has masterfully analysed in his engagement with the state and the family during nineteenth century France. Likewise, because the families failed to ensure the well-being and survival of female neonates in Tamil Nadu, the state, by using its mandated duty, initiated policies and programmes to ‘rescue’ and ‘save’ the babies by acting as the *tutelage*, thus signalling a rise of the ‘social’ – a realm that was to lie between the state and civil society but instead became the target of intervention and regulation, and hence, the basis for welfare and development. It is this conceptual significance, i.e., bio-technical forms of power, that the state in Tamil Nadu seems to have embraced with programmes like CBS and GCPS that serve at its best in ‘policing’ the families rather than empowering them. Turning a blind eye to what these ‘policing’ promises, and where they lead to, then becomes a political move.

## CHAPTER SIX

# An Ethno-Historical Construction of NGO Responses to Female Infanticide in Contemporary Tamil Nadu

### 6. 1. Introduction

In the previous Chapter, I showed that the government in Tamil Nadu has initiated policies and programmatic activities around female infanticide prevention since early 1990s, which is partially attributable to over half a decade of the NGO campaign and highlights on the issue via the media since mid-1980s (George, 1995). This would mean that NGOs have responded to the issues of female infanticide much before the government in Tamil Nadu has. Yet I consider it pertinent to discuss the NGO response only *after* an engagement with the government response (Chapter Five) for two significant considerations. First, the more recent development of NGO programmatic activities locate themselves in a failure of government initiated actions because they did not take people's perspective into account (voiced by several NGOs during my interaction with them). This assertion led to NGOs claiming to have bridged the gap between governmental programmes and the need of the community (Negi, 1997). Any attempt to map the NGO discourses on female infanticide in Tamil Nadu, therefore, is best situated only after articulating the government discourse against which more contemporary forms of NGO actions have emerged. Second, as against the government's large scale social mobilisation at a macro-level, generating a collective and a relatively more structured understanding of female infanticide, most NGOs operate at micro-level with individualised and differentiated strategies producing diverse, complex and mixed responses to female infanticide. An understanding of these micro responses, thus, ought to be contextualised into a macro one. Furthermore, while government largely framed the problem primarily in terms of female infanticide deaths, the NGO rhetoric mainly focuses on declining sex ratio



and sex selective abortions –issues that have an emerging nature compared to female infanticide. What are these differentiated actions and strategies and how they are deployed to communities and areas reportedly rife with female infanticide and sex selective abortions? What are the implications of the different types of strategies and interventions and how do they lead to the generation and understanding of different forms of female infanticide? What are the forms and contents of these strategies? Some of these concerns are addressed in this Chapter by way of mapping the NGOs in Tamil Nadu in a historical and ethnographic context while others are dealt with at some length in the next Chapter.

## 6. 2. NGOs in Salem District

It is somewhat puzzling to see that Salem district alone has reported the presence of approximately twenty-five organisations involved in female infanticide programmes – although female infanticide may or may not be the only activity of these organisations (Negi, 1997: 33). As regards to the total number of NGOs – or any other such collective actions – operating in the district today on the issues of female infanticide, there is no clear picture even within the government departments. The NGO persons, activists and the media-persons that I have talked to, equally failed to identify and provide a complete list of NGOs working on female infanticide in the district. In my interactions with these NGOs, most of them chose a language of silence and denial concerning other such NGOs during my fieldwork. Notwithstanding the tendency to criticise and/or even the refusal to acknowledge the existence of other similar NGOs, I ended up verifying and mapping in some detail nine such NGOs during my fieldwork (see Table 6.1 on page 203). The activities of most of these NGOs on female infanticide have been supported by many international donor agencies, which included, for example, Action Aid International, Danish International Development Agency (DANIDA), World Bank, Plan International, Swedish International Development Agency (SIDA), *Terre des Hommes* (TDH), and UNFPA. What are these international NGOs doing there in such big numbers? Have there been really different strategies in the various NGOs management of the problem? How effective is the support by international donor agencies in terms of the impact and outcomes of the programmes? To answer these

questions, I have organised this Chapter into two parts. First a social history of the NGO response in Tamil Nadu followed by an ethnographic reconstruction of six NGOs and their work on female infanticide. While I have constructed a social history of NGO responses through media accounts, research papers, NGO documentations, websites of NGOs, and other such secondary sources, the descriptive materials for mapping Salem-based NGOs and their activities have been gained by using techniques of multi-sited ethnography during my fieldwork.

### **6. 3. A Social History of NGO and other Collective Responses**

The social history of the NGO response or any other collective response to female infanticide in Tamil Nadu begins with a report on female infanticide that appeared first in 1985 in a Tamil magazine called *Junior Vikatan* (Soundarapandian, 1985). Since then there has been a spurt of media and NGO accounts. Although the NGO responses to female infanticide have received considerable attention in the media, by activists and by academics, no systematic attempt has been made so far to understand them holistically and in a historical context. The principal idea behind writing a social history, thus, is to reconstruct the social theory of female infanticide employed by Tamil NGOs in their responses. Subjecting these accounts to an ethnographic reconstruction of some of these NGOs will, I hope, lead to answers to a larger foundational question as to how far NGO interventionary measures are capable of challenging the problem.

#### **6. 3. a. First Wave: Usilampatti as Autochthonous**

The first organised response to ‘save’ girl children in Tamil Nadu came from the Society for Integrated Rural Development (SIRD henceforth) – an NGO working on rural development in Usilampatti *Taluk* of Madurai district since late 1970s which first undertook a micro-study to ascertain causes of female infanticide (Jeeva *et al.*, 1998). This study later led to a series of intervention programmes which included creating awareness around gender sensitisation, political and economic empowerment of women, documentation, lobbying and legislative advocacy.

Arguably, SIRD was one of the first NGOs to bring to national attention the practice of female infanticide in Tamil Nadu (Jeeva *et al.*, 1998). The advocacy soon saw the organised activities around preventing female infanticide in Usilampatti by the Tamil Nadu unit of the Indian Council for Child Welfare (ICCW henceforth) in 1987. The ICCW launched a project on Mother and Child Welfare which began to establish crèches for working women in the villages. Through recruiting women locally to work as the *sangams* (self help groups), the ICCW soon initiated the process of ‘monitoring’ these villages through a constant watch on ‘high risk’ families in order to counsel the members of the family. The term ‘high risk’, which was originally invented by the ICCW to designate a family’s vulnerability if the family had at least one surviving female child, came to be later associated with pregnant mothers and became synonymous in both the NGO and the government discourses in Tamil Nadu with women or households likely to commit female infanticide or sex selective abortions. Notwithstanding the criticisms caused by such monitoring of families in terms of its occasional failure (Negi, 1997: 35), the result of this strategy was proclaimed a success a decade later in 1998, when ICCW was given the C Henry Kemps award for reducing female infanticide in Usilampatti, from 200 in 1991-92 to 22 in 1997-98 (<http://www.rediff.com/news/1999/mar/08woman.htm> last accessed on August 10, 2007). More recently, the ICCW claimed that not a single case of female infanticide had taken place in the last five years in Usilampatti because of their efforts (*The Hindu*, January 18, 2006).

The next organised programme was led, in 1992, by a group of wealthy *Kallars* (the community among whom the practice was reported first), who, having previously worked with NGOs on female infanticide, formed themselves into the Women’s Emancipation and Development Trust (an NGO popularly known as WED Trust) to initiate and fund similar activities around the prevention of female infanticide. The NGO selected one particular block in Usilampatti to address the issue. In 1994, the Trust established a ‘Family Counselling and Legal Intervention Centre’ which, besides addressing issues of female infanticide, foeticide and dowry harassment, later came to include issues of women’s economic empowerment through micro-credit, a reproductive and child health programme, advocacy on child rights, child labour,

literacy and environment. The strategies adopted so far include facilitating legal support and family counselling to women who might be considering female infanticide and foeticide, providing antenatal and postnatal care and referral services, and, most importantly, networking with district administration-led committees on female infanticide and other like-minded NGOs through seminars, workshops, conferences and cultural performances. In this way, the Trust claimed to have saved more than 600 girl children from infanticide since 1992 (<http://www.wedtrustindia.org/childrights.htm> last accessed on August 21, 2007).

From the earliest reporting of female infanticide in 1985 until at least a decade later, the focus of the NGO response – including that of the media and activists – remain quintessentially focussed on one particular community in Usilampatti *Taluk* of Madurai. The community, identified as the De-notified Tribe of *Piranmalai Kallar* (popularly known as the *Kallars*), has been represented as carrying out female infanticide by NGOs and the media alike in terms of two separate explanations. One, the practice was explained in terms of an increasing dowry demand in the community brought about by developmental activities following the construction of a river dam on *Vaigai* River in the area (Venkataramani, 1986; Devi, 1991). Two, the practice was linked to a historical reconstruction of *Kallars* who were described by the emergent NGOs as militant, and indulging in anti-establishment activities (Jeeva *et al.*, 1998), and who, as the descendents of the Chola warriors (who ruled parts of Tamil Nadu 10 centuries ago), “would not hesitate to behead somebody with a scythe...killing is in the blood of Kallars” (Venkataramani, 1986: 32). Despite these strong claims, there appears to be neither a historical nor a logical connection to the *Kallar's* behaviour when confronted with newborn girls in a situation of increasing dowry concerns as there were and still are regions and communities in India where large dowries are the norm and in which female infanticide is unknown (see Miller, 1981; Sunder Rajan, 2003).

On the historical reconstruction, it must be noted that the anthropologists who have studied the *Kallars* pre- and post-Independence have made no reference to female infanticide amongst them. For instance, in his doctoral dissertation on the social

organization and religion of *Kallars* in 1954, Louis Dumont described them as “mercenary soldiers, guardians of fields, houses and cattle in the employ of high caste landowners and traditionally believed to be *shudras*” (1986 cited in Mazumdar, 1994: 9). He also showed them as traditional cattle stealers and burglars, whose thieving activities were restricted under British rule (Ibid: 9) but made no reference to the practice of female infanticide among the community. On the contrary, Dumont reported that in 1954 the community practiced ‘bride price’. In 1967, another sociologist Kolenda noted a change from bride price to ‘bride price-cum-dowry system’ (Kolenda, 1967 cited in Mazumdar, 1994: 10). By 1987, Devi (1991) somewhat confirmed the emerging patterns of dowry-practice among them. She argued that the rapid agrarian changes that took place after the *Kallar’s* integration into the modernizing economy of Tamil Nadu following the completion of *Vaigai* Canal System in the late 1950s were responsible for the emerging dowry-practice. According to her, the Canal System created ‘a degree of differentiation of the agricultural community’ with the rise of ‘a middle peasantry’, accompanied by the ‘impoverishment of the lower levels of the peasantry’ (Devi, 1991 cited in Mazumdar, 1994: 10). In fact, Dumont (1954), Kolenda (1967) and Devi (1991) have all commented on the freedom enjoyed by the *Kallar* women. Dumont (1986 cited in Mazumdar, 1994: 9) noted that the *Kallars* prefer matri-lateral, cross cousin marriages, while Devi (1991) reported the existence of widow-remarriages; “the right of divorce was enjoyed by both men and women with considerable weightage in favour of women” (Mazumdar, 1994: 10). Overall, there was “nuclearisation of families on marriage and a lack of a patri-lineage solidarity”, as “manifested in the lack of dependence on patri-kin” – features that are sometimes regarded as the “remnants of a matriarchal culture” (Mazumdar, 1994: 10; see also Ehrenfels, 1941; Dumont, 1986).

On the other hand, in 1906, a British Ethnographer, Edgar Thurston, also documented *Kallars* as a ‘thief caste’ inhabiting the Madurai region (Thurston, 1906). He identified the marriage system among them as entirely ‘consanguineous’ (p. 53) and ‘polyandrous’ (p. 108). He also noted that the killing of babies had existed among the *Kallars* during nineteenth century colonial rule. In *Ethnographic*

*Notes in Southern India*, he wrote that “the fury of avenge operates so strongly among the Colliers (Kallans)<sup>57</sup> that a man, for a slight affront, has been known to murder his wife and all his children, merely to have the atrocious satisfaction of compelling his adversary to commit like murders in his own family” (Thurston, 1906: 503). However, the practice markedly differed from that of today in terms of the motives used to explain the practice, in that “when a quarrel or dissensions arise between them, the insulted woman brings her child to the house of the aggressors, and kills *it* at her door to avenge herself” (Ibid: 503 emphasis added). It is pertinent to note here that neither Devi (1991) nor other studies regard female infanticide as a ‘traditional’ custom of the people of the area; extensive enquiries suggest its origins around 1970-75.

It was not only the *Kallars* who were identified in NGO and media discourses on female infanticide, since a somewhat similar identification surfaced in 1992 in Salem district and its vicinity, where the spotlight fell on *Gounders*. Although politically and economically classified as a ‘backward caste’ in Tamil Nadu, in and around Salem district the *Gounders* are a land-owning community whose social and ritual conducts are perceived as inherently Brahmanic in local-village discourses (particularly by my SC informants).<sup>58</sup> They are believed to have originated from southern parts of the state and to have moved into the area long ago – in particular, since British efforts to increase the agricultural and subsidiary activities in the area had led to the construction of Mettur Dam over the River *Kaveri* in 1934. Old Vanniyar and SC men, who claimed to have inhabited the area first among the settlers, often pointed out that the *Gounders* came to occupy their land and replaced them only after the opening of the Dam. Interestingly, the director of WCWC (an NGO operating in the area and one of the six NGOs I have mapped) often suggested to me that the construction of Mettur Dam might have contributed to an increase in the economic importance of agricultural land among the *Gounders*, who in order to save their land from being fragmented due to dowry demands resorted to the practice of female infanticide; he suggested that the other communities simply followed the

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<sup>57</sup> Dumont (1986:10) writes that in Tamil, *Kallar*, which means thieves, is the plural of Kallan.

<sup>58</sup> Formerly enjoying the status of a Forward Caste, the Gounders came to be classified as Backward Caste (BC) in 1971.

Gounders in this practice. A Swedish researcher-cum-activist, who has worked in the area for over two decade and helped set up CHESS with Swedish donor agencies (another NGO mapped in this Chapter) suggested that Salem district used to be a dry-land cultivating area until the construction of Mettur Dam, after which its agricultural production received a significant boost. The immediate beneficiary of this boost was the newly migrant community of *Gounders*, who through their wider social network first resorted to dowry-practice and helped diffuse it among others. This, he suggests, is how female infanticide might have originated in the area (email communication, Torvald Olsson, January 2005). In short, the discourses around the centrality of caste, dams, agricultural prosperity and modernisation effect in explaining the emergence of female infanticide in Salem district were strikingly similar to those of the Usilampatti region of Madurai district – a place that is geographically separated by a distance of more than a hundred miles.

### **6. 3. b. Second Wave: Social Mobilisation in Dharmapuri**

If the one-time focus on Usilampatti shifted temporarily to Salem in the early 1990s in terms of NGO and media debates and discussions, it was diverted to Dharmapuri district from the mid-1990s until 2001. In Dharmapuri, female infanticide came to public notice because the government tried to resist NGO actions that highlighted the issue. In 1995, several NGOs reported the practice to the district authorities. In return, the district administration refuted the NGO claim and instead accused them of spreading false rumours for individual gain. The then District Collector went to the extent of saying that these NGOs (*mis*)reported on female infanticide in the district with a view to getting foreign funds by painting a wrong image of the country (*The Hindu*, May 9, 1995). Notwithstanding government resistance, SEARCH – a Bangalore based NGO – undertook one of the first surveys during 1995-96 in one block of the district to confirm the practice of female infanticide in Dharmapuri. Holding the poor economic situation and the patriarchal influence on the families responsible for committing female infanticide, the NGO claimed that although the *Gounders* were the first to adopt the practice in the area, the practice was now widespread, irrespective of caste (Swaminathan *et al.*, 1998). As a result of this

finding, NGOs began to thrive in and around Dharmapuri district. As a development NGO, SEARCH has been mainly involved in two broad activities of imparting 'training' programmes to fellow NGOs and their fieldworkers and in disseminating information through 'publications'. While SEARCH has established a training centre facility called the 'NGO Centre for Human Resource Development' (<http://www.developmentschool.com/trainingcentre.htm> last accessed on August 12, 2007) to achieve the stated goal, they have also circulated a quarterly journal named *SEARCH Bulletin*. At least two NGOs from Salem had members trained on female infanticide project management under SEARCH. The broad areas in which the trainings are imparted are: women in development and gender relations, NGO management and institution building initiatives, empowerment and participatory development and local governance. The themes of its publication so far have covered women in development, Panchayati Raj, ecology and NGO management. The role of SEARCH has been crucial not only in training NGOs to work on female infanticide but also in publicising the cause for NGOs. After the Dharmapuri research on female infanticide, SEARCH provided another impetus for NGOs, in 1998, to work on female infanticide prevention when one complete issue of its *SEARCH Bulletin* was devoted to 'female infanticide' where NGO persons, activists and bureaucrats from all over Tamil Nadu shared their ideas (*Search Bulletin – Female Infanticide*. Vol. XIII. Issue No. 3. July-Sept 1998). WCWC presented to me a copy of the volume and suggested that this will help me in better understanding the NGO role in female infanticide prevention. Indeed, the volume did contain a number of NGO case studies on female infanticide, both within and outside Tamil Nadu. In this particular manner, NGOs like SEARCH urged like-minded NGOs to form into groups for collective action at the district level.

Overall, NGO action in Dharmapuri largely took the form of assisting in government-initiated legal and punitive action against those who killed the newborn, mostly mothers. The NGOs working in the area initially expressed the view that government action should come with a sterner message on the crime of female infanticide and that its perpetrators should not be allowed go scot-free. The government, on the other hand, having acknowledged the practice by taking punitive



actions claimed: “such police action had been responsible for bringing down the number of infant deaths in the district to a large extent” (*The Hindu*, May 15, 2000). Such a change of tone in the government response led NGOs to resort to alternative methods such as in counselling the expectant mother right from the detection of pregnancy, in facilitating families for availing themselves of the government led monetary incentives such as GCPS, and in introducing individual projects for improving women’s access to education, health, and economic independence (*The Hindu*, May 15, 2000). In this regard, the involvement of DANIDA, an international NGO, has been crucial in further pushing the NGO campaign against female infanticide in Dharmapuri. In 1997, a team of a development economist-cum-activist and a high level government health official initiated a large-scale public health campaign using the medium of street theatres to address the issue. The campaign was undertaken by the Tamil Nadu Area Health Care Project (TNAHCP) phase III, financially supported by DANIDA. Using *kalaipayanam* (itinerant street theatre) to sensitise people on health and gender issues, the campaign focussed on creating awareness about female infanticide, dowry-practice, and women’s empowerment through community participation. Through a number of skits and songs developed locally at workshops under a team of professional theatre activists who were drawn from the district literacy mission, the campaign mainly addressed violence against women that included, besides issues of dowry-practice, son preference and female infanticide, the problems of early marriage and frequent childbirth, right to reproductive choices, the importance of antenatal care and institutional delivery, the right to access public primary healthcare with the backdrop of the exploitative character of commercialised private healthcare, and the need for male participation in reproductive and sexual health. A total of 18 block-level *kalaipayanam* involving troupes of performers consisting of at least 15 members, totalling around 280 people, carried forward the campaign in selected rural hamlets of Dharmapuri district (Athreya, 1998).

The campaign was declared a success. Its architects were able to point to a significant decline in female infanticide cases in the district, from 1,244 in 1997 to 997 in 1999 (Athreya & Chunkath, 2000: 4347). Other indicators such as attendance

at outpatient clinics in primary health cares and willingness of the community to participate in building health sub-centres also showed a dramatic increase after the campaign (Athreya & Chunkath, 2000).

What is significant to note about Dharmapuri campaign regarding its focus on method of social mobilisation is the fact that *kalaipayanam* or itinerant street theatre had already been used by some NGO groups. Just a year previously, in 1996, a Salem-based theatre named 'Voicing Silence' had launched *Pacha Mannu (New Earth)* – an interactive street play on female infanticide in which the audience were engaged directly through visual provocation – in parts of Salem and Dharmapuri districts. The use of theatre as a medium for cultural intervention on female infanticide and foeticide was supported by the Project ACCESS and the Hunger Project of Chennai-based M.S. Swaminathan Research Foundation, which earlier had documented female infanticide in Salem. The method used in the play consisted of the use of songs, commentary and aphorisms, a participatory mode by engaging the audience through provocative questions, the use of localised idiom and sensitivity to local scenario and so on (Mangai, 1998; Mangai, 2002). This was the first ever project which stressed the efficacy of 'communication' strategies rather than 'documentation' in female infanticide prevention. By choosing not to focus directly on female infanticide, unlike most other collective action before then, the project was in a position to raise consciousness on specific structural problems of patriarchy. For example, by exploring female-specific ceremonies and rituals around the process of birthing, the play highlighted "the explicit ways in which gender roles are reinforced and embedded in cultural institutions" (Mangai, 2002: 228).

An important outcome of such a method of prevention for NGOs was the recognition of the importance of identifying key stakeholders and targeting them through 'communication' strategies in a non-threatening way as was attempted through *Pacha Mannu*. The emphasis on communication, however, soon gave way to advocacy, coalitions, and networking as the preferred tools of collective NGO action. The importance of networking and coalitions was soon seen in the emergence of two powerful networks of NGOs working to eliminate female infanticide in Tamil Nadu.

One was the Coalition for Prevention of Female Infanticide (COPFI), which later came to be known as the Campaign Against Female Infanticide (CAFI henceforth) and the other was the Campaign Against Sex Selective Abortions (CASSA henceforth). While CAFI was initiated by Village Reconstruction Development Project (VRDP), a Salem-based NGO which is another of the mapped NGOs in this Chapter, along with an informal coalition called *Kurinji* network in 1998, CASSA was formed by NGO persons and activists from the Madurai-based SIRD around the same time. The Salem based CAFI network loosely consisted of eleven NGOs across four neighbouring districts and focussed on a district-level campaign against female infanticide. Their activities mainly involved sensitisation through locally organised seminars/workshops meant for NGOs, women SHGs, government officials and student and teachers in addition to holding exhibitions, public meetings, and organising processions to create public awareness (Renganathan, 1998). By comparison, the CASSA initiated a state-wide campaign, which included top state-level activists representing women and human rights that also represented top NGOs, mostly from Madurai region. Using advocacy, the group initiated a wider public campaign primarily to ensure effective regulation of ultrasound equipment to prevent its use for sex determination as outlined and amended in the original PNDT Act 1994 (see Murthy, 2007: 28-29). From sex selective abortion, the focus later shifted to demands such as that the declining sex ratio at birth having a place in the Assembly election's agenda across party lines and thus a legislative ban on the use of sex determination techniques. The intervention by CASSA had contributed to an important historical shift in the treatment of the subject within Tamil Nadu. That is, by focussing on the declining female to male child sex ratio (0-6 age groups) and Sex Ratio at Birth (SRB) as yardsticks for assessing the practice, the CASSA and its activists persistently demonstrated that tackling sex selective abortion is much more important and urgent than female infanticide (Jeeva *et al.*, 1998; George & Phavalam, 2000). I will consider the effect and inadequacy of this meta-discourse on 'sex ratio' in the Chapter Eight in the particular ethnographic context of female infanticide and sex selective abortion.

### 6. 3. c. Third Wave: Salem as Epicentre

Although NGOs in Salem had already initiated some actions and programmes around female infanticide following its confirmation in the early 1990s (George & Phavalam, 2000; Venkatachalam & Srinivasan, 1993), Salem acquired an unusual prominence in both the NGO and the government debates and discussions after 2001. This shift in gaze to Salem district was guided by two important considerations. First, in the national census of India 2001, Salem emerged as the only south Indian district amongst the fifty Indian districts with the lowest juvenile sex ratio (0-6 years age group); its juvenile sex ratio had dropped to 826 females per 1000 males (figures taken from UNFPA, 2003). The deterioration in the sex ratio statistics of Salem provided an ideal basis for activists and advocacy NGOs like CASSA to justify their programmes and to urge NGOs and government to intervene and address the issue in Salem. More importantly, the sex ratio deterioration gave these NGOs a more convincing ground to centre their activities on sex selective abortions rather than on female infanticide. Therefore, a renewed interest by NGOs came to be framed in the light of an 'adverse sex ratio' and a concern for sex selective abortions rather than for female infanticide in Salem. Second, following the return of Jayalalitha – the then Chief Minister of Tamil Nadu and an advocate of the earliest measures to prevent female infanticide since 1992 – into political power in 2001, a special (revised) package and programme on female infanticide prevention (in the form of CBS and GCPS) was available to the Salem district administration. Since 2001, the then District Collector began collecting babies by himself on a designated Grievance Day every week, a day originally meant for hearing people's problems and complaints (Krishnakumar, 2002a). The centrality of the district was retained further through conferring an immediate award of excellence to the District Collector from the Chief Minister ostensibly for playing an active role in public service delivery, including saving babies through CBS and GCPS (*The Hindu*, December 12, 2002).<sup>59</sup> In this case, CBS and female infanticide came to be synonymous. To sustain his efforts gradually required him to forge an active partnership with the NGOs in the district,

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<sup>59</sup> I was first informed of this award by the WCWC Director in the context of the district administration's significant efforts to curb female infanticide. Later, in my talks with some lower level district administration officials, I was specifically told of the District Collector's role in preventing female infanticide through the CBS and, hence, the award for performance.

rendering the district as the epicentre of government and NGO discourses on female infanticide and sex selective abortion in contemporary Tamil Nadu.

Female infanticide in Salem district was first confirmed in 1992 initially through media accounts (Krishnakumar, 1992; Srinivasan, 1992). In the same year, a team of activists and researchers confirmed its prevalence among the *Gounders* (George *et al.*, 1992). The research, carried out in 12 villages of North Ambedkar district during late 1987-89 to study 'child growth and survival', incidentally revealed the cases of female infanticide among *Gounders*. Though the authors showed that almost all (94%) of female infanticide occurred among *Gounders*, they argued that the pattern of the practice roughly corresponded with that of *Kallars* of Madurai district. In terms of origin, and possible historical roots of the practice, the authors also identified the *Kallars* (George *et al.*, 1992: 1154). Part of the authors' speculation regarding a possible historic root of female infanticide is based on a reference to Thurston's (1906) *Ethnographic Notes in Southern India*, assuming that he had described *female* infanticide among *Kallars*. As noted above, Thurston is completely silent on its nature among *Kallars* (whether it was male or female or both), despite writing at a time when female infanticide was a staple of the colonial-sociological analysis of Indian society and was at the centre of colonial policies.<sup>60</sup>

In 1993, MSSRF highlighted the practice among the *Gounders* of Salem with a particular mention of a shift, in the methods used, to sex selective abortion (Arulraj *et al.*, 1993). Their explanations were conventionally grounded in a complex mix of economic, cultural and social factors with a significant focus on dowry expenditures (Ibid).

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<sup>60</sup> Instead of linking/referencing the present practice of female infanticide with that of colonial accounts, we must ask deeper questions about 'traditional' and 'modern' forms of female infanticide. For example, classifying female infanticides as a 'tradition' suggests either that it was practiced unthinkingly as a custom in which families are presented as 'cultural dopes' playing out cultural rules without any agency of their own, or that it was justified to others in terms of customary practice. 'Contemporary' forms of female infanticide, by contrast, are usually presented as a result of rational decision-making, for example, as an 'affordable' alternative to contraception or sex selective abortions.

In Salem, Community Services Guild (CSG) was one of the first NGOs to initiate a programme of action on female infanticide in the two blocks of Edappadi and Salem City. CSG has been working on income generation schemes for women in Salem since the early 1980s. While working on this project, CSG ‘discovered’ female infanticide in some of the Salem blocks in 1993, which led them to start a Safe Childhood Scheme (SAFE) project aimed at tackling female infanticide in five blocks. The project targeted ‘high risk’ pregnant mothers in terms of monitoring and counselling through regular home visits. The counselling included educating the parents about the value of girls to society. The project supported gender equity through income generating schemes for women besides building capacities of community based organisations for an informal networking and strategic alliance. The project claimed to have resulted in a significant reduction in female infanticide in these blocks during these years (Srinivasan, 2006: 260).

Beside CSG, several other NGOs had once been or are still involved in the campaign against female infanticide in Salem. Some of them have either stopped their activities on female infanticide or taken up campaigns against sex selective abortions without erecting the necessary apparatus for it. As mentioned above with regard to the total number of NGOs operating in the district on the subject of female infanticide, I could not generate a complete list partly due to the sensitive nature of the subject and partly due to a lack of official knowledge on the presence of small community organisations. During my fieldwork I noticed individually organised small protests and some actions against female infanticide – one of which I shall discuss below. I managed to collect and prepare some basic information of nine NGOs around their specific programmes on female infanticide (see Table 6.1). However, due to paucity of space and sparse and incomparable information for three NGOs, I mainly discuss information on only six of them. A concise plotting of these NGOs is presented in a map and matrix form in Annexures III and IV respectively.

Table: 6.1: List of NGOs working on female infanticide in Salem district

S. No.	List of NGOs with their operational area and start date
1.	Community Services Guild, <i>Edappadi and Salem City</i> (1993-2000)
2.	Alternative for Indian Development, <i>Omalur</i> (1995-2000)
3.	Campaign Against Female Infanticide, <i>Salem City</i> (1999 – till date)
4.	Bharthiar Makkal Nalvaltikkal Sangham, <i>Salem City</i> (1999)
5.	Council of Health, Education, and Social Services, <i>Iruppalli</i> (1997-2004)
6.	Poonthalir, <i>Edappadi</i> (2001 – till date)
7.	Welfare Centre for Women and Children, <i>Mettur Dam</i> (2001 – till date)
8.	Voluntary Association of Women and Children, <i>Salem City</i> (2004)
9.	World Vision of India, <i>Omalur and Salem City</i> (no information available)

6. 4. Some Ethnographic Accounts of NGOs Working to Eliminate Female Infanticide in Salem District

6. 4. a. Welfare Centre for Women and Children (WCWC), Mettur Dam

My encounter with WCWC was quite incidental and impromptu. It so happened that I was introduced to the director of WCWC through an email, right at the beginning of the fieldwork, from an academic colleague who earlier had hired the professional services of the organisation to carry out a small field research on issues of female infanticide. In my first meeting with the director of the WCWC, I explained my research proposal in brief and sought his help in finding a village involved in the practice of female infanticide. In return, he enthusiastically invited me to do my fieldwork under his wing, by suggesting that the sort of village I was looking for abounds in number under his NGO’s intervention programme. We agreed that I would initially base myself in the small town where the WCWC office was premised and would travel frequently to these villages along with its fieldworkers. Such an arrangement, which lasted for over four months, led me to a wealth of information around female infanticide, most of which will be discussed in the next Chapter as a

case study. What I provide here is a basic outline of the activities of the organization for the purpose of mapping it along with others.

WCWC, officially based some 60 kilometres west of the Salem city in the outskirts of a small town called Mettur Dam, was originally founded in 1986 by two social workers to help the disadvantaged community in Thirupathur Block of Vellore District (near the capital town of Chennai) in Tamil Nadu. The NGO was taken over and imported to Salem district in 1999 by its current director, who decided to merge it with Action for Development of Un-reached (ASURE henceforth) – an NGO founded and directed by his wife in 1994. In about 1997 the couple – who already had gained 10 years of experience in implementing rural development projects by working together in an internationally (Spanish) sponsored organization in Andhra Pradesh – decided to return to their native place and form their own organization to help women and children in the area. According to the WCWC document stating its background and mission, ASURE was merged with WCWC as a sister organization primarily for the purpose of acceptance and utilization of foreign funds (ASURE did not have a Foreign Contribution Regulation Act registration, which is a mandatory process for NGOs receiving foreign funds). Towards this, three board members of WCWC had to relinquish their membership to represent ASURE. In return, the staffs of ASURE were retained with WCWC. In short, the staffs of ASURE worked for WCWC and vice versa. WCWC is currently located in a rented but huge field-campus on the outskirt of Mettur, while ASURE is housed in a one-room flat within Mettur town (WCWC Background Paper, 2005 specifically prepared at my request; see Annexure VIII for the attached paper).

In January 2000, WCWC entered into a long-term partnership with Action Aid International (UK) for a rural development project with a significant focus on women and children in the area. Initially, WCWC chose to focus on two different issues, i.e. on preventing female infanticide and a rehabilitation of the ‘torture victims’ of the Special Task Force which was jointly formed by the government of Tamil Nadu and Karnataka to capture the then forest brigand Veerappan. A third issue of ‘bonded labourers’ under the larger theme of Dalit emancipation was included in 2004. These



three issues remained at the centre of everyday activities of WCWC project with Action Aid during my fieldwork (WCWC Background Paper, op. cit). However, WCWC allotted a significant focus of the Action Aid partnership on developing programmes and strategies around female infanticide prevention, as the director told me at the beginning of one of our informal talks.

The project started off by focusing their activities initially in five *Panchayats* of Kolathur block. The project came to cover the remaining *Panchayats* of the block by 2003. By the time I finished my fieldwork in early September 2005, the female infanticide activity coverage was extended to five blocks which included one block each in the neighbouring districts of Dharmapuri and Erode. This upscaling was in response to Action Aid International's shift from a service delivery approach to a rights-based approach in rural development. WCWC rapidly adopted this discourse of rural development from their funding partner and deployed it in all their programmatic activities including female infanticide. This approach was also referred to me as the 'civil society approach' particularly in explaining the efficacy of the programme. It occurred to me that I was doing my fieldwork at a time when WCWC was undergoing a transition not only in its methodology of intervention but also in how it was conceptualising the problem of female infanticide. For when I began my fieldwork with WCWC, the discourse was solely centred on female infanticide prevention. I was thus introduced to a programme on female infanticide in terms of severity of its magnitude of occurrence in the area. This was generated through a direct documentation of suspected and/or confirmed cases of female infanticide, the number of babies saved by counselling 'high risk' pregnant mothers, the number of so-called 'high risk' mothers who underwent sterilisation, the number of babies facilitated under CBS, and through collating the IMR data Block and *Panchayat*-wise. Near the end of my fieldwork, I noted that the official documents of WCWC no longer mentioned female infanticide; rather these documents used the newly acquired idiom of 'adverse sex ratio' and 'sex selective abortion' under which the issue was now framed. However, this change of rhetoric remained un-supplemented by a change in methodology of working. When I asked the WCWC director for its reasons, he admitted that he had done so for two 'politically-correct'

reasons. First, the pressures generated by state-level mobilisation and the campaign against sex selective abortion and adverse sex ratio was now irresistible and enough to undermine any activities on female infanticide, which, anyway, was limited in occurrence – both temporally and spatially. Two, given the preoccupation of the larger national debate on the state of the adverse sex ratio in the country following the 2001 Census of India, most funding agencies came to divert their concern onto sex selective abortion; Action Aid was no exception to this rule. His predictions came to be validated later when, after a Mid-term Review of WCWC project in 2005, Action Aid consented to continue their funding in the name of ‘adverse sex ratio and sex selective abortion’ (WCWC, 2007, also see ActionAid India Country Strategy Paper 1999-2003 Review Report).

In terms of the methodology of intervention, WCWC has adopted a mixed strategy. The strategies range from employing an army of SHG workers for monitoring ‘high risk’ pregnant mothers, facilitating sterilisation campaigns, conducting awareness programmes through networking, campaigns and advocacy, taking legal actions against those who commit female infanticide, to facilitating temporary adoption through CBS and financial care through GCPS. At the time of my fieldwork, eight female fieldworkers were drawn from locally formed SHGs along with a female infanticide co-ordinator (a young male) to form a team of fieldworkers who were described to me as the female infanticide ‘squad’, around whose everyday activities female infanticide prevention was organised. However, they were also entrusted with other activities of the organisation like facilitating work on the rights of Dalits, bonded labourers and torture victims. The programmes on female infanticide were designed to ensure that the fieldworkers reported their activities to the female infanticide co-ordinator who in turn reported back to the director. The everyday responsibility of the fieldworkers typically included:

1. To maintain a monthly register of the reproductive history of all Ante Natal Care mothers collected with the help of VHN, CNW, and SHG and through individual visits to the families.

2. To identify 'high-risk' mothers from the ANC list and to monitor and counsel them through regular home visits and subsequent follow ups after birth.
3. To motivate and counsel 'high-risk' mothers for permanent sterilisation other than facilitating adoption under CBS.
4. To participate in meetings like the weekly review meetings conducted by PHC or Gram Sabha and *Panchayat* meetings and raise issues of concern and report back.
5. To conduct awareness programmes at the village, the *Panchayat*, and the block level involving youths, adolescent girls, SHG members, *Panchayat* presidents, ward members and councillors.
6. And to meet, share and discuss information on their activities along with other fieldworkers in the director's or co-ordinator's presence in a monthly female infanticide review meeting in the WCWC premises.

Source: Project Co-ordinator, WCWC

On the other hand, the responsibilities of the female infanticide project co-ordinator included: planning and reviewing programmes, helping to build networks and coalitions with government official at the block and village level for fieldworkers to work smoothly, and participating in government-led initiatives on female infanticide and share back with fieldworkers. The other strategy which, I was told, brought positive results, was an emphasis on conducting awareness programmes on female infanticide through cycle rallies, processions, open day march, women's day celebration involving youths, adolescent girls, SHG members, *Panchayat* Presidents, ward members, councillors, village administrative officers and so on. This has been referred as 'networking from below' as against the networking from above, which included WCWC participation in, and even organisation of, state-wide advocacy, campaigns, seminars, and conferences.

#### **6. 4. b. Alternative for India Development (AID), Omalur**

I was led to enquire about the existence of AID on the female infanticide prevention map quite accidentally. During a quiet afternoon in the field, when I was skim-reading through the pages of annual reports of WCWC, I noticed the name of AID

and a couple of other NGOs under the heading of ‘networking with other NGOs on female infanticide prevention’. When I asked the WCWC director about AID and its activities, he refrained from speaking about it. Given the circumstances under which he had tried to hide the presence of other NGOs working on female infanticide in the area, I asked no more. Lack of proper information and my urge to know more about the intervention programme of AID led me to locate and visit the AID office in Omalur. The Omalur office was one of the local units of AID. When I met the project co-ordinator at Omalur, he shared very limited information on the female infanticide programme and instead asked me to secure formal permission from the Head Office in Chennai. I made some attempts to secure the formal permission but failed to do so for a combination of bureaucratic reasons, the organisation’s involvement in the then Tsunami rehabilitation programme and the organisation’s general reluctance to divulge any information to an outsider.<sup>61</sup> A Salem-based journalist opined that this could possibly be due to AID’s preoccupation with a diverse range of social issues as a result of which the issue of female infanticide had come to receive low priority. Indeed, it appeared to be the case as I failed to observe any significant activities around female infanticide despite my regular visits to some of the villages where AID worked. Nonetheless, I managed to document – or rather construct a brief social history of the programme on female infanticide – based on the data mainly derived from the website of AID. Some direct information was also gathered from the other NGOs and an AID fieldworker whom I happened to meet through a close associate and with whom I developed good rapport; most of those data are explored in a separate paper by Perwez (2008), which is attached in Annexure V.

According to its website, “AID was founded in 1982 by a group called Student Youth Struggle Force (SYSF)”, which began its movement “in 1974 first in Bihar and later in other parts of India...to fight against injustice, corruption, illiteracy, poverty, exploitation, unemployment and other social economic evils” (<http://www.aidindia.com/aboutus.htm>, last accessed on August 22, 2007). Since its

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<sup>61</sup> A case study of this NGO in the context of ‘gate-keeping’ techniques by the NGOs and my ethnographic encounter with some of them is specifically discussed in Perwez (2008, see Annexure V).

beginning, the NGO has been run by an activist from Bihar who now lives in and works from London; his job is to generate and accumulate funds for the organizational activity in India. Not surprisingly, some of the donor agencies of AID include Action Aid, European Social Fund, the UK aid budget, and other major donors in Europe and the USA besides some Indian organisations and the government. Towards an international mobilisation of funds, AID has established an office in Birmingham in UK where it explores funding opportunities with UK residents of Indian origin to work on the problems of the rural poor in India. With 24 project offices around the country and abroad covering around 3025 villages, AID is currently operating in the States of Jharkhand, Bihar, Uttar Pradesh, Chattishgarh, and Orissa besides operating in Tamil Nadu. Its programme activities cover issues on health, education, income generation and micro-finance, environment, gender equity, social justice, and, more recently, Tsunami rehabilitation ([www.aidindia.com/aboutus.htm](http://www.aidindia.com/aboutus.htm) last accessed on August 22, 2007). In short, AID is quite a big, well-resourced, and a powerful NGO unlike most others in this account.

AID began its activities in Tamil Nadu in 1988 but claimed to have noticed the issue of female infanticide in the region only in 1994 while working on mother and child health programmes. After consulting UNICEF and the Salem district administration, AID documented the practice of female infanticide in 1995, which paved the way for a programme of action and campaign against female infanticide that was merged with mother and child health, early marriages and unsafe abortions programmes. The programme covered 35 *Panchayats* of Omalur. During the late 1990s, AID had been a vanguard NGO in the campaign against female infanticide and had remained in media coverage until early 2000 (*The Hindu*, October 01, 2002).

The *modus operandi* adopted on female infanticide prevention was to rely on the establishment of a Family Resource Unit in each of the *Panchayats* under its coverage area, using a woman fieldworker identified and trained from among the community. These women were mainly drawn from a locally formed SHG. Their training included a consultation with PHCs, government hospitals and private doctors on matters of mother and child healthcare, HIV/AIDS, and female infanticide. The

primary job of these fieldworkers was to make regular family visits in their respective *Panchayats* in order to identify and document the 'high risk' families. After identifying these families, the pregnant women were counselled throughout their gestation until the delivery of the baby, besides counselling husbands and mother-in-laws in some cases. The focus of these counselling sessions were on the positive role of girl children, social injustice, religious and moral values, risks of unsafe abortions, importance of sterilisations and so on. It was in this manner that the Resource Unit managed to collect and maintain records on birth, death, immunisation, prenatal and postnatal care, registers for marriages and eligible couples, and high-risk couples (see Crusade against Female Infanticide at <http://www.aidindia.com/deskfemale.htm> last accessed on August 28, 2007).

Interestingly, AID defined 'high risk' couples as those couples who had two or more children and who had not *yet* undergone any terminal or temporary methods of family planning. This was a slightly different definition of 'high risk' couples against almost a universally adopted definition of a 'high risk' couple with a surviving daughter or more with no mention of sterilisation as a factor. This different definition produced a slightly different and newer understanding of female infanticide by AID in which the higher order births rather than the birth of a daughter emerge as a context. Consequently, AID's programmatic activities on female infanticide remained driven by the agenda of sterilisation – a government project on demographic social engineering in which AID had already been publicly recognised as a major player (*The Hindu*, October 01, 2002). It is interesting to note that the Health and Family Welfare Department in Tamil Nadu has recently come to adopt a similar approach when it expressed its intention to avoid such higher order conceptions/births (ostensibly through sterilisation campaign) to prevent sex selective abortion and female infanticide (<http://www.tnhealth.org/dfw.htm#> last accessed on August 28, 2007). The government's change of policy towards tackling female infanticide and foeticide only reiterates what AID had already voiced and initiated in its emphasis on sterilisation campaign for which female infanticide mapping provided an ideal context.

In addition to techniques of monitoring and surveillance, AID also adopted, albeit temporarily, the method of cultural intervention through the use of songs, skits, and drama on the theme of female infanticide in which adolescent girls and other youth groups were asked to engage and reflect. Needless to say that this particular strategy was an attempt to emulate the methods of cultural sensitisation through staging interactive plays used in *Pacha Mannu* by Voicing Silence I mentioned earlier. Nonetheless, the result of these combined strategies was proclaimed for the period when AID actively worked on the issue. Consider the outcome below in the words of AID.

Table: 6.2: AID Female Infanticide Statistics 1995-2000

Years	Registered Female Births	Death of Females before 30 days	Death of females before one year	Number of girl babies saved due to counselling
1995-96	248	38	9	20
1996-97	521	48	7	51
1997-98	563	28	21	98
1998-99	514	48	03	63
1999-00	594	20	04	42
<b>Total</b>	<b>2440</b>	<b>182</b>	<b>44</b>	<b>274</b>

Source: AID website (<http://www.aidindia.com/deskfemale.htm> last accessed on August 21, 2007)

By positing such a graph of success, AID was in a position to claim that the time had come for transferring the ownership of the programme to the community. This was done by suggesting that the community should now take over the direct responsibility for the continuation of the efforts that AID has initiated (<http://www.aidindia.com/deskfemale.htm> last accessed on August 21, 2007). The reason for the discontinuation of AID’s activities on female infanticide became somewhat clearer to me when the director of AID, in a short telephone conversation, claimed that having eradicated female infanticide in the area, AID was now struggling to deal with issues of sex selective abortion. When I asked about the strategies for dealing with the issues of sex selective abortions, he said that there was

none at that moment but they soon would adopt one in consultation with other NGOs and the government departments. Until the completion of my fieldwork in September 2005, no activities or programmes by AID were in place on either female infanticide or sex selective abortions save a rhetoric that claimed to have eradicated the problem of female infanticide and a challenge to address the problems of declining sex ratio and sex selective abortions.

#### **6. 4. c. Village Reconstruction and Development Program (VRDP), Salem City**

Like AID, VRDP was a big and vanguard NGO in the campaign against female infanticide in Salem. Officially based in the Salem city, its activities literally spread over the whole district. I met its director in a workshop organised by NGOs for NGOs to address the issue of sex selective abortion in Salem. He invited me over to his office later and talked at length about his organisation's achievement. VRDP has been in existence since 1975. In official documents, VRDP identifies itself as a voluntary social action group dedicated to the empowerment of rural poor through capacity building, lobbying and advocacy. Their initial activities have been around creating awareness among tribal people for their right to justice and security through a major campaign against atrocities against tribal people. The other marginalised groups in the organizational focus have been Dalits, Women, and Children. Besides female infanticide and sex selective abortions, some other areas in which the NGO has intervened so far include environmental awareness through forest conservation, bonded and child labour system, women's empowerment through self-reliance, poverty alleviation, Tsunami rehabilitation, and, more recently, campaign and awareness against HIV/AIDS. The list of international donors include Trocaire (Ireland), Cord-Aid (Netherlands), Manos Unidas (Spain), Action-Aid (UK), World Association for Christian Communication (UK), Norwegian Human Rights Fund (Norway), Plan International (UK), and so on. Within India, VRDP has been funded and supported by the Ministry of Human Resource Development (India), Directorate of Environment (Chennai), and Tamil Nadu State Social Welfare Board (VRDP Profile Brochure, as handed to me in August, 2005).



VRDP's engagement with female infanticide began in 1996, when it published a study (in Tamil) on the patterns and causes of female infanticide. The study was followed by two different sets of programming around female infanticide. They can rightly be called 'from below' and 'from above' approaches. While 'from below' consisted in facilitating SHG activities around preventing female infanticide at the grass-root level, the 'from above' approach used networking and campaigning at the district and state levels. At the grass-root level, VRDP helps mobilise women through SHG, who then go on identifying and monitoring 'high risk' pregnant mothers. It explicitly uses SHG to prevent female infanticide in addition to monitoring scan centres. At this level, the approach can be roughly termed as an integrated one of health, gender justice, women's economic self-sufficiency, and saving lives. Towards the later approach, it formed *Kurinji*, a network of like-minded NGOs, in 1998 which by 2001 developed into a Campaign Against Female Infanticide (CAFI). The network consisted of over 10 NGOs from four districts. At that time, it solely focussed on creating awareness and lobbying with enforcement agencies and different interest groups involved in preventing female infanticide. More recently, the network has taken up the cause of sex selective abortions in Salem and has been lobbying with the government to monitor scan centres. VRDP was one of the first NGOs in Salem to initiate a campaign against sex selective abortions with the help of CASSA from Madurai. CAFI is also involved in sensitizing different interest groups at village level (Self Help Groups and Village Health Workers, Village *Panchayat* Presidents), at staff level including NGO heads, lawyers, Government officials, students and teachers etc. The network has also been involved in campaigning against legally punishing the mother for female infanticide. According to the manifesto of the Campaign (CAFI Brochure for public circulation, as handed to me in August, 2005), an Action Plan has been developed which includes the following activities on female infanticide prevention:

1. Undertaking micro-level studies to understand the socio-economic profile of the victims to strengthen perspectives and formulation of strategies.
2. Creating a database on IMR – Gender Differentials in 11 districts (where female infanticide is intensively practiced) to monitor the same.

3. Interfacing with government officials regarding the implications of declining sex ratio and formulation of strategies and action plans to halt the same.
4. Bringing out educational materials on girl child rights, in the form of posters, booklets, pamphlets etc.
5. Lobbying with MLAs, MPs and the leaders of political parties to work out region-specific strategies to address the issue of female infanticide and sensitising different groups
6. Organising gender sensitisation programmes to break the gender division of labour and gender discriminatory values in the institutions of family, marriage, education, religion, caste and the state.
7. Advocating and lobbying for removing punishment against convicted mothers.
8. Extending legal support to the victims who were punished and are to be punished by the court of law.
9. Working with like-minded campaigns and enlisting their support to strengthen the campaign.

#### **6. 4. d. Council of Health, Education, and Social Service (CHESS), Irrupali**

CHESS was set up by a Swedish researcher who had been conducting some research for nearly two decades on South Indian history, culture and religion with a particular focus on the religious and philosophical outlook of a nomadic tribe called the *Vagri* community in Tamil Nadu. His concern for this community led him to establish an Association for the Liberation of *Vagris* and Other Minorities (ALVOM), in 1989, as a non profit-making, politically and religiously unaffiliated association based in Sweden (see Fabry, 2007: 32-33; also see Olsson, 1996). In 1991, ALVOM and its founder came in contact with the ICCW unit of Tamil Nadu and initiated some activities around the supporting children, the elderly and discriminated-against minorities in India with the financial support of Swedish International Development Cooperation Agency (SIDA). During 1991-98, while researching on the comparative belief systems among the Hindus and *Vagris* in Irrupali village in Edappadi Taluk of

Salem district, the founder of ALVOM noted a high number of child deaths due to female infanticide; he informally placed the number of documented deaths around 250 (in an informal talk with Torvald Olsson, Feb 2005). This he attributed to a lack of an adequate maternity and child healthcare in the area. As a response to this observation, he helped set up a maternity clinic in 1997 known as the Council for Health, Education, and Social Services (CHESS) in Irrupali. A local Tamil man who earlier had gained some experience of working with NGOs was appointed as a Project Coordinator of CHESS in Irrupali.

CHESS, therefore, was also a local maternity centre built as part of a 'rural development project' in Irrupali by ALVOM. The ALVOM project started by recognising the lack of, and thereby need to appoint, qualified doctors, nurses and schoolteachers in the area, because this lack in their view, contributed to a high child mortality rate in the area. The project identified the killing of newborn girls as a serious health issue and thus began a series of public health related activities around saving babies from female infanticide. In its initial phase, CHESS mainly worked to promote integrated health, to reduce infant mortality, to prevent female infanticide and to improve the overall psychosocial development of women in Irrupali. Providing a 'preventative-reproductive primary healthcare' with 24 hours referral system was, thus, seen as a counter to the practice of female infanticide (informal talk, Torvald Olsson, Feb 2005). CHESS was, therefore, designed to establish affordable and approachable standard of physical and psychological health and general well-being by promoting Reproductive and Child Health around women and children. The mission of CHESS considers such an approach vital for survival and a stride toward global prosperity, security and for sustainable health, social and economic development. As a health clinic, CHESS has carried out the following activities:

1. Antenatal, delivery and postnatal care
2. Family planning (sterilization)
3. Nutritional improvement of the target group
4. TB and linked services

5. Community awareness of emerging health issues
6. Community awareness on gender issues

Since late 1998, the ALVOM project has been considerably expanded as an integrated village development project to include the following (also mentioned in Fabry, 2007: 32-33):

1. Creating income-generating activities for the rural poor
2. Creating women's organisations locally
3. Adult literacy programmes, and,
4. Vocational training.

Of all the NGOs working on female infanticide, CHESS was the least known NGO in Salem. Very few NGOs with whom I interacted were aware of the existence of its project on female infanticide. The reason was that ALVOM project started off as a model-village project and remained confined to and within Irrupali. The only institutions with which CHESS ever networked outside Irrupali were Gandhigram Rural University at Dindigul and the Community Health and Development Programme at Christian Medical College at Vellore. My familiarity with CHESS was made possible through a colleague of the ALVOM founder whom I met during a conference while presenting a paper on female infanticide. She later directed me to him suggesting that I might be interested in what he had been doing. On contacting him through email, I was fortunately told that he was going to come, from Sweden, to CHESS and would spend sometime in reinvigorating the CHESS project. He invited me to stay for few days in his maternity centre, which also had guest facilities.

When I visited the clinic in February 2005, I could not help appreciating the impressive maternity care and delivery centre in a village which was highly inaccessible being one of the most backward villages in Salem district. The CHESS clinic, housed in over a dozen rooms on the outskirts of the village, was quite popular among the locals as Irrupali 'hospital' and other people surrounded the centre all

through the day and night in great numbers. Although there was a DANIDA-appointed VHN in Irrupali, the villagers could not avail themselves of her service much. For instance, in the case of deliveries occurring at night (and most of them do take place in the night, villagers insisted), VHN was to be found nowhere in the village as she was a non-resident. On the other hand, the CHESS clinic was well equipped with an operation theatre, two postnatal care wards, a laboratory, medicines and modern medical kits, all of which were donated by some other Swedish donor agencies. The clinic opened round the clock and was equipped with an ambulance and emergency service for out-patient transfer.

During my stay in the clinic, I was introduced to seven locally trained mid-wives and nurses who, besides assisting in prenatal and postnatal care as health workers in the clinic, also worked as trained fieldworkers on preventing child deaths. Their job was to identify 'high-risk' pregnant mothers and bring them to the centre for a possible delivery in the clinic. According to these fieldworkers, if mothers deliver their child in the CHESS, there were fewer chances that mothers would kill their baby later. They were, thus, struggling to work towards maximum institutionalization of deliveries in the village. These fieldworkers were directly responsible to the project co-ordinator of CHESS, who in turn was responsible to ALVOM for administrative and financial responsibilities. I was told that the number of fieldworkers, which were 12 originally, had to be cut down in recent years due to the limited funding by ALVOM. For the same reason, the previous resident lady doctor had quit the job. The clinic was, thus, struggling to re-appoint another doctor who could be available round-the-clock by taking up residence in the clinic, which was again constrained by the limited budget of the centre.

#### **6. 4. e. *Poonthalir*, Edappadi**

I first heard about *Poonthalir* and its project on adoption and rescuing female babies through the media publicity. The NGO was already in the news for documenting 113 cases of female infanticide during 200-2001 as well as for rescuing 489 babies from a number of hamlets in Salem district from a possible killing (Krishnakumar, 2002a).

*Poonthalir* operated in the villages of Edappadi Block, which were close to Irrupali where CHESS was working; Irrupali itself was an administrative part of Edappadi block. My interest in knowing more about *Poonthalir* grew amidst the recounting of a conflict, by the CHESS Project Coordinator, that had once ensued between CHESS and *Poonthalir* over the handling of a suspected case of female infanticide. In 2003, *Poonthalir* pressed legal charges over the suspected killing of a female baby by a mother who was then resident in Irrupali. CHESS refused to co-operate with *Poonthalir* over the legal action as they believed that this would create fear and distrust among the villagers which might weaken their position in the community. Nonetheless, *Poonthalir* fieldworkers visited the mother and attempted to investigate the case, but later had to give up any action in the face of strong disapproval by the villagers. Following this story, in late February 2005, I met the director of *Poonthalir* in his official premises in Edappadi and talked to him at length. I never got a chance to see and talk to him again as he was generally resident in another district. However, he did allow me to visit the villages and talk to some of their fieldworkers during my fieldwork. Based on my extensive conversation with the director and the NGO fieldworkers, I sketch here a brief profile of the NGO and its activities.

It was during 1998 following the increasing reports of female infanticide from the Edappadi block that the present director of *Poonthalir* first entered the area in order to establish some rapport with the local community; he himself hailed from far away Tiruchirappalli district. *Poonthalir* as an NGO came into being in 2000 when it first initiated some formal and systematic efforts to rescue baby girls. At this stage, the strategy mainly consisted of creating awareness and counselling such families. It was not until 2001 that *Poonthalir* received considerable public attention amidst media coverage of its activities. The NGO claimed to have made a big difference in the area in terms of reducing female infanticide. This was partly made possible through the revised CBS in 2001 under which *Poonthalir* was licensed to run an 'adoption centre'. This was the only government approved cradle centre run by an NGO in Salem district. The adoption centre, which was housed in the NGO office, provided basic care up to 24 hours after receiving a baby under CBS. I witnessed one such transfer of babies through *Poonthalir*, whose account was presented in the preceding

Chapter. According to the rules, once a baby is received at *Poonthalir* adoption centre, s/he could be kept in the centre for a maximum of 24 hours, after or within which the baby has to be transferred to the district cradle centre. From there, these babies are then given in adoption to prospective childless parents.<sup>62</sup> In addition, *Poonthalir* is also an active player in running the Child Line centre at Salem – a nationwide project to save and ensure children's rights.

In addition to facilitating adoption, *Poonthalir*, like most other NGOs, also identifies and monitors 'high risk' pregnant mothers through the women fieldworkers who work in close co-ordination with the VHN and the CNW. A series of visits to these families is conducted by the fieldworkers to assess the severity of the situation, which is then followed by counselling that sometime include the use of threats of legal action and a general awareness-raising of the importance of daughters in a family. According to the director, the threat of legal action is normally taken only in situations where the mother either demonstrates her lack of care (observed through hesitation to breast-feed the baby, lack of general enthusiasm over the birth, failing to report to VHN after delivery and so on) or explicitly expresses her wish to kill the baby.

In continuation with strategies of adoption and counselling, *Poonthalir* has also run a programme of 'sponsorship' of girl children with a significant funding from *Terre Des Hommes* and other international donor agencies. The details of this programme was reported to me by the director himself in the context of his international networking strategy which was built up through good 'tie-ups' which supported an 18 years-adoption programme; the programme has been named the Girl Child Family Re-integration programme. The idea was to save and re-integrate a potential victim of female infanticide identified from among the 'high risk' families. All such families have to be below the poverty line. All costs towards her educational, social and cultural upbringing would be shared by the NGO along with the families. It was not made clear if all the daughters born to such families in the village are chosen and

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<sup>62</sup> According to the health workers at the centre, these children are given in adoption only to parents who are childless.

registered with the NGO for an 18 year long sponsorship. Based on my talks with the *Poonthalir* fieldworkers, it appears more likely that these families are selected randomly. It must be mentioned that the details of this programme were verbally explained to me by the director himself. I could not manage to look further into this programme due to the paucity of time and resources. An account of this programme is, thus, limited by a lack of other details such as the patterns of cost distribution between the family and the NGO, what its total outlay was, how many families to be targeted and so on.

Nonetheless, it was a combination of these strategies – i.e., of adoption, counselling, and sponsorship – which probably led the director of *Poonthalir* to claim that the NGO had saved and rescued more than 950 female babies so far (Semi-structured Interview with R Chezian, February 28, 2005). This number was far more than the number of babies (over 700) adopted and saved through CBS in over a decade. In this regard, it would be revealing to see the notion and method of ‘save and rescue’ exercised by the NGO. The full implication of its work will be discussed in the next Chapter. Suffice to state here that like most other NGOs, the *Poonthalir* notion of saving and rescuing was based on an erroneous assumption rather than the real observations – the assumption being that all ‘high risk’ mother would kill their female neonates. The number of saved babies is, thus, accumulated from the number of female children born alive to all ‘high risk’ mothers in the list maintained by the NGO. On the other hand, the director himself suggested to me that most female infanticide victims were 3<sup>rd</sup> or 4<sup>th</sup> order births in the family (the implication of the association between high risk, higher order births and female infanticide will be discussed in detail in Chapter Eight). This would mean that only higher order births among ‘high risk’ mothers pose, if at all, a challenge for preserving the female neonate, the proportion of which is generally quite small compared to low order births (in a decreased fertility regime) and this even in a list of ‘high risk’ pregnant women. Logically, the claim that each female neonate born alive in the ‘high risk’ population managed by *Poonthalir* has been a case of ‘saved and rescued’ is problematic. However, the number of babies which *Poonthalir* had saved by facilitating adoption under CBS is in no dispute. How many babies had they



facilitated under the CBS though was never disclosed to me despite being asked on several occasions.

#### **6. 4. f. Voluntary Organisation for Women and Children (VOWC), Salem city**

VOWC is run by a group of Salem based youths under the highly motivated leadership of a woman entrepreneur who owns and runs one of the biggest multi-speciality hospitals in Salem. The hospital serves as the base for the organisation, which has neither an office nor any staff; the NGO exists virtually on the web ([www.vowc.org](http://www.vowc.org), this webpage is currently defunct; however, some description of the organisation can be found at <http://www.m-mc.org/hcmn/2005-01-31.php>). Starting off in early 2004, VOWC has been promoting health and education among women in Salem district through health education exhibitions in government schools and colleges. The NGO also facilitates women running self-help groups. A major strategy is to organize public lectures and health camps. The organisation is purely voluntary and non profit-making and has not been yet supported by any financial grants or funding agencies.

I met the VOWC founder during a public lecture on female infanticide which she delivered at a youth organised function to create awareness regarding social problems among the educated youths from colleges and schools. I was later introduced to her through a journalist friend. She became interested in knowing about my work and offered to co-operate with me in my fieldwork. She proved to be a fairly well informed person about the various NGO strategies on female infanticide prevention in the district. She was dismissive of the NGO strategies as in her views, after decades of NGO intervention nothing had changed. She argued that the time was right for NGOs to reflect. Talking about others, she mentioned her own 'short-lived' organisational stints to launch an anti-female infanticide health package called the 'Antenatal Clinic'. It is important to look at the programme and some of the ideas behind it even though the programme did not last more than a few months.

In 2004, right at the beginning of launching the organisation, the VOWC introduced a mobile health package called the Antenatal Clinic in an infanticide affected village in Salem district. This was a mobile clinic with a focus on poor and lower income pregnant women. These women were mobilised and selected with the help of local SHGs and then registered with the health package. Under the package, all registered pregnant women were given antenatal and postnatal care which included a regular monthly consultation by qualified gynaecologists, nutritional supplement and dietary care, exercise during pregnancy, ultrasound check ups and other tests. Every month, the clinic would camp in the village for one complete day when those registered women would attend. An important focus was the counselling of husbands. The director insisted on the idea that if a father can be made responsible towards the child when the foetus is still growing in the mother's womb, then such parents would never have the heart to kill the child. She argued that it is due to a lack of father's involvement in the pregnancy processes that infanticide takes place. One major idea behind the Antenatal clinic was, thus, to involve fathers in the childbearing process. It was made mandatory for the husbands to attend the clinic along with their wives otherwise the consultant gynaecologist could refuse to serve his wife under the programme.

After working for few months, the project was withdrawn for lack of funds. Initially, the director of VOWC contributed from her own purse towards the programme, but she realised the need for a big budget amidst logistical expenses such as the doctor's consultation fee, investigations, organizing camps and paper works by those involved in the programme. The organisation proposed to charge Rs.500/ to the registered women's families for the health package, but soon the number of registered mothers in attendance dropped sharply. In the end, the clinic had to close down. While telling me about the demise of this fresh idea in female infanticide prevention, she wondered if any other NGO would like to initiate a similar action as a model project for at least one village so that people can see for themselves. She argued that if all pregnant women in Tamil Nadu are able to receive antenatal care in a required way, there are chances that both female infanticide and sex selective abortions would be countered to a great extent.

The 'Antenatal Clinic' targeted the following:

1. Eradication of female infanticide
2. Prevention of maternal deaths
3. Prevention of premature births
4. Prevention of the birth of handicapped babies due to the ignorance and irresponsibility of the mother.
5. Protection of the womenfolk with knowledge and understanding
6. Dissemination of the health awareness and knowledge related to pregnancy.

Source: *A letter from VOWC director to funding agencies, dated 24<sup>th</sup> June 2004*

## 6. 5. Conclusion

Based on a discussion of the social history of the NGO response to female infanticide, it can be safely argued that NGOs have initiated strategies for intervention, social transformation, and change as a result of differential-local perceptions of female infanticide in Tamil Nadu. The strategies of some of these organisations have varied from being individual and unique to exploratory and collective. From a service delivery approach to rights-based assertions to large scale social mobilisation, the NGOs in Tamil Nadu have resorted to all possible means of advocacy and intervention. It has also not been uncommon for widely acclaimed methods and techniques of one NGO to be replicated by another. For example, the use of punitive actions and threats to curb female infanticide by some NGOs in Madurai region had its counterpart in NGO strategies adopted later in Dharmapuri and Salem. As a result, most NGOs today appear to have adopted and combined a mixture of strategies. These strategies range from preventing individual cases of infanticide to projects for improving women's access to education, health and economic resources. The phase of innovative strategies seems to have come to an end. In conclusion, these strategies can be broadly grouped into the following four modes of orientation for an understanding of NGO strategies on female infanticide.

### ***Legal Remedies***

Owing to the fact that female infanticide is a culpable homicide under section 102 of the Indian Penal Code, some NGOs supported the government's legal methods to curb the practice. As a result of NGOs facilitating the government's project of criminalising the act, there had been over 16 cases of accusations of the crime so far (*The Hindu*, July 12, 2003). NGOs are, however, divided on the efficacy of this method. Some view the inherent power in such measures as sanctions and a deterrent against female infanticide, while others are apprehensive of using the legal method. Their concern mainly relates to the disadvantages of causing fear, hostility and alienation of the community. Still some others support the legal method with extreme caution, and when resorted to, it should be done with the support of the community. A particular concern of this method is the detection and identification of 'culprits': who is to be punished, when there are so many participants in the act including mother, father, in-laws, neighbours, community, health officials, village administrative officers and the list goes on when it comes to colluding and cover-up of the crime? Yet in most cases, it has been the mother who has arguably been *doubly* punished for the same act; first, by the social norms, to undertake the act of killing and, then by the legal system. The increasing concern over filing cases against mothers led to forging a legal panel by some activists in Salem for effective co-ordination among the lawyers in various districts who fought the cases for women. Also, an orientation programme was held for NGOs to sensitise people to the use of legal remedies (*The Hindu*, April 13, 2004). Criminalising the practice through legal methods have also led to pushing it underground with instances of falsification, underreporting and non-detection of the crime dominating the primary health records.

### ***Monitoring and Surveillance***

This is the strategy most commonly deployed by NGOs. NGO fieldworkers work in tandem with village health and nutrition worker (VHN and CNW) to detect and register pregnancies in the village. Today, the strategy of monitoring high risk mothers has been linked and merged with the erstwhile approach of enhancing the socio-economic development of women through women SHG. In fact, the origin of

the concept of monitoring such mothers in Tamil Nadu had its roots in SHG-led activities to empower women as a counter to female infanticide. As noted above, the ICCW was one of the first organisations to have introduced the idea of enhancing women's socio-economic development through forming the women *sangams* in Usilampatti. One of their tasks, as members of SHG entailed monitoring pregnant mothers followed by counselling. In following 'high risk' mothers, the strategy of monitoring and surveillance has been extended to cover scan centres and gynaecologists in the midst of increasing debates over the use of sex determination techniques for sex selection and sex specific abortion purposes. In Salem, the formation of women SHGs to strengthen women's need for micro-credit and micro-finance started as early as in 1992 by the *Mahalir Tittam* (the Tamil Nadu Corporation for Women's Development). The project was soon left to NGOs for its implementation leading to a sudden increase in the number of NGOs in the district. The introduction of the SHG project probably best explains the rise of NGOs on female infanticide activities as these NGOs don't have to invent a new method and they have the resources to initiate a programme of action of monitoring mothers for female infanticide prevention purpose. As a result, virtually all NGOs with a project on female infanticide also happen to be NGOs with an existing SHG project, with the latter providing necessary resource and woman-power to monitor the suspected cases of infanticide in the village.

### ***The Use of Advocacy, Lobbying, Networking and Campaign***

The use of networking and lobbying among NGOs has acquired prominence in recent years. The instrument of networking has given rise to an increasing number of workshops and seminars organised either to train fellow NGO workers or to sensitise people to the cause. The tactic of lobbying and networking is a consequence of government denial and harassment of NGO persons who tried to highlight the issue through advocacy. With close networking among the NGOs, the use of media in advocacy against the practice has come to define another aspect of NGO activity. More often than not the media is seen as playing a crucial role in consolidating the efforts of NGO campaigns around creating awareness and sensitisation through holding events such as cycle rallies, youth rallies, women's day celebration etc. The

media also supports and facilitates the tools of advocacy by reporting on other NGO activities such as the rallies, processions, seminars, and public meetings on female infanticide.

### ***Temporary Care through Adoption***

In recent years, particularly after the revised CBS, many NGOs have either established their own adoption centres or joined the government-led CBS as facilitators. The idea is to provide temporary care and shelter to the children who have been abandoned by their family. It is generally believed by these NGOs that temporarily removing the baby from the mother's arms relieve the mother from being exposed to ridicule and the extreme disappointment that follows the birth of a female child. That is how most NGOs justify the measure of temporary adoption and care as they give the parents an option to reclaim the child anytime during the first three months. In reality, it rarely happens. Once a family abandons the baby, they rarely reclaim her/him. Some NGOs provide financial care to support the child with active periodic visits by the fieldworkers as an alternative to adoption.

Despite the divergent discourses that the NGOs in Tamil Nadu have produced on female infanticide through their differentiated strategies, all of them typically view their existence as being located between the *communities* and the *government*. Such an acclaimed position of the NGOs provided them with rhetoric of a civil society approach in their intervention methodologies. How 'civil' is the civil society approach? The next Chapter examines the NGO discourse on female infanticide in a purely ethnographic context with the help of a case study on an NGO.

## CHAPTER SEVEN

### A Case Study of NGO Governance and its Implications for Understanding Female Infanticide

#### 7. 1. Introduction

Kanakupatti Kaatuvalavu is an interior hamlet located in the Periasoragai *Panchayat* of Nangavalli Block. A couple named Mr. Nagaraj aged 40 years and Mrs. Rathinammal aged 35 years have lived there for the past 19 years. They have four children named Murugan, Sangeetha, Dhanalaxmi and Manickam, who are 18, 15, 12, and 9 years old respectively. Only the youngest child of the family earns and contributes Rs.500 every week by working as a mat-weaver; the other three children are not even enrolled in school; they sit idle at home. Mr. Nagaraj, who earns Rs.300 per week, does not contribute any money to his family because he spends all his money on his drinking habit. The [WCWC] volunteer of Nangavalli Block went there to visit another high-risk mother. During her visit, she heard that Mrs. Rathinammal was nine-months pregnant and yet not registered in the monthly register of the VHN. The volunteer inquired from the village CNW who stated: "Rathinammal has already done two [female] infanticides and underwent abortions a number of times. She is a very high-risk case". As a result, we [WCWC] could not establish the exact gravida [birth-order] of the mother. After we teamed up with the CNW and the VHN, we made visits to the family and gave counselling so that she could undergo family planning after this delivery.

On February 2nd, 2005, Rathinammal gave birth to a female child. Two days later, our volunteer received a message from the CNW that the child was not there in the house; the mother said that she gave the child to one of their relatives. The team of the CNW, the VHN and the volunteer went there and asked for the baby. The mother repeated the same statement what she gave to the CNW earlier. The team issued a warning to the mother that the child should be back with her family otherwise they would take action against her. The next day when the team visited again, the child was back in the home. The team asked her [the mother] to undergo family planning. Her husband who was also present there replied: "take this child under Cradle Baby Scheme. She would not undergo family planning as we are in a very poor

condition and could not take care of this child". The team had pulled a crowd around and with the help of people it has been made clear that the baby would not be accepted under the Cradle scheme without undergoing family planning. People from the crowd scolded the family for planning to kill the baby and for not accepting the family planning. After this entire scene, she agreed to undergo family planning but asserted that they have no money for it. Then WCWC volunteer took her to the Mettur GH [Government Hospital] for family planning. She was supported with Rs.250 through WCWC for family planning operation. After this operation, the child was handed over to the Cradle as 660th baby.

[Excerpts from WCWC Female Infanticide Report 2005]

The narrative here is only an excerpt from the register of events on the female infanticide programme, undertaken regularly by the WCWC. The account is a testimony to: one, that female infanticide is no longer an isolated, covert and an individual act in Tamil Nadu; and two, the significance of NGO partnerships in government-led initiatives to control female infanticide in Tamil Nadu. This Chapter, therefore, follows two inter-related lines of inquiry. First, it explores the political and cultural construction of female infanticide, by unravelling the usages of taxonomies and categories in everyday practice. Second, it seeks to understand NGOs as political and cultural formations, whose practices and discourses of empowerment and development on domestic issues, such as female infanticide have implications for new modes of governance. This line of inquiry also raises a number of questions with regard to the tension between private and public social spaces.

As discussed in the previous Chapter, one of the noticeable features of NGO-led programmes on female infanticide in Tamil Nadu has been the voicing of 'people's approach', or what some of these NGOs have explicitly referred to me as the 'Civil Society' approach. Indeed, WCWC claimed to have successfully embraced this approach in their intervention programme (Interview with WCWC Director, August 2004). From day one to the completion of my fieldwork, WCWC maintained that they have achieved considerable success in reducing female infanticide (as they also claimed with other social problems like dowry giving, child marriages, bonded labour and so on) due to a successful implementation of this approach. During the first few days of my association with WCWC, I asked about the meaning and

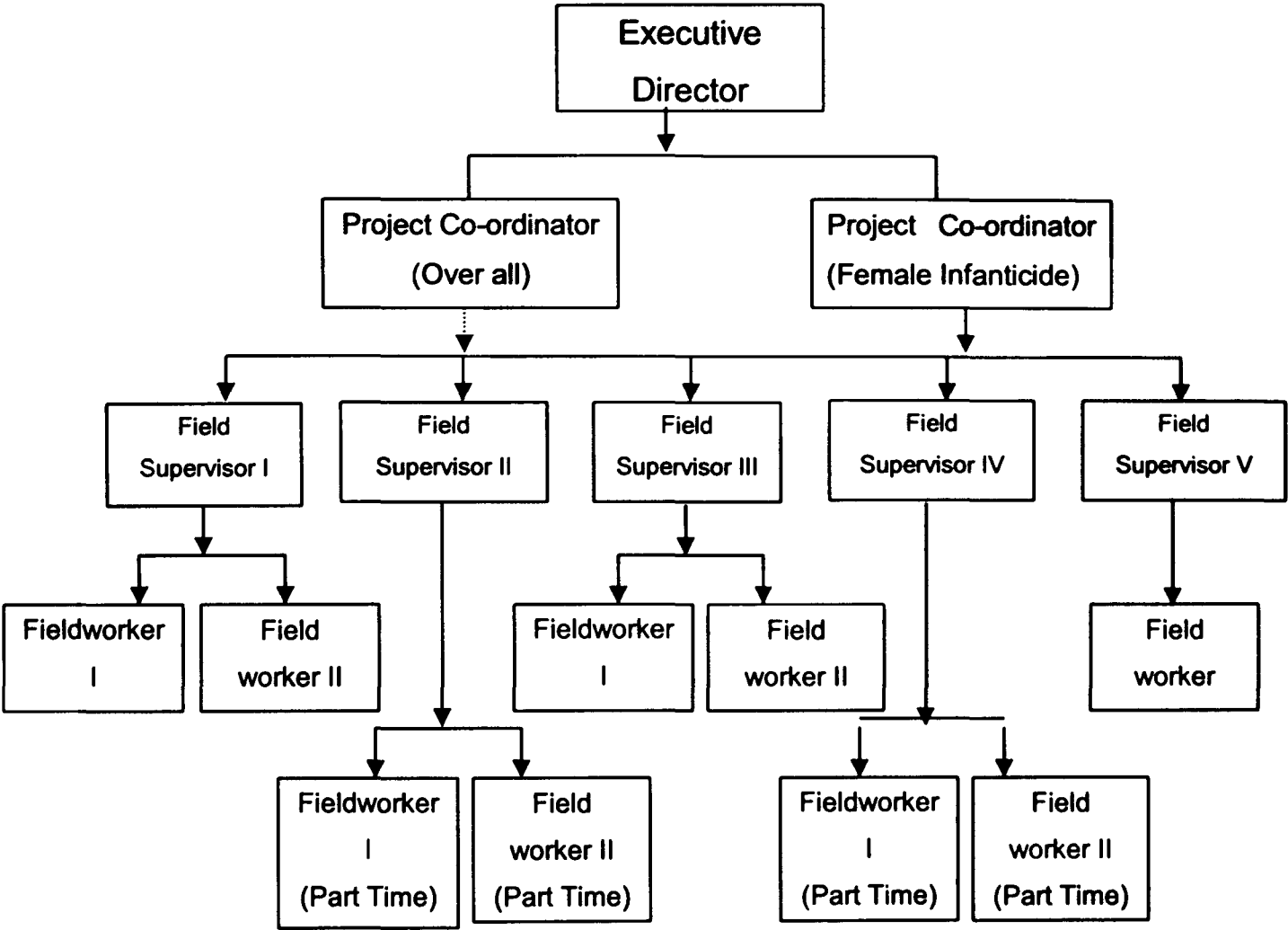


relevance of this approach. The director told me to observe the set of practices that they have deployed in their everyday intervention on female infanticide, ostensibly to empower women and children in accordance with the naming per se of the organisation, as Welfare Centre for Women and Children. What do these practices entail in terms of empowering women and children? What is the meaning of this approach and what does it envisage in terms of its ideological and material consequences with regard to those on whom it is deployed? Do those who are subjected to such an approach resist at all? What forms do these resistances take and where do they lead? What are the possible inferences one can draw analytically from these practices for a critical understanding of a social theory of female infanticide as employed by NGOs? In this Chapter, I will consider these concerns under the ethnographic implications of this approach, among others, to female infanticide by elucidating the approach, programmatic activities, and the rhetoric of WCWC. In the first section below, I consider the programme and its players at some length, followed by some details on the terms and taxonomies used under the programme, before I return to specific ethnographic narratives of the programme in the final section.

## **7. 2. Description of the Programme: the WCWC Squad and its Partners**

As mentioned in the last Chapter, the WCWC programme on female infanticide is part of a rural development project funded by Action Aid International since 2000. This particular programme was up-scaled in recent years to include five Blocks, and it now covers more than 300 villages within the three districts of Salem, Dharmapuri and Erode (see Map 1.A on page 26). The personnel for such a large number of villages under these scattered Blocks is provided by a number of fieldworkers and functionaries which WCWC fieldworkers colloquially referred to me as a female infanticide ‘squad’. This squad and their activities were administered in the following manner.

Chart 7.1: WCWC Organisation Hierarchy on Female Infanticide



Source: Project Co-ordinator, WCWC

7. 2. a. The Fieldworkers:

At the time of my fieldwork, a total of eight women out of nine allotted fieldworkers (see Chart 7.1) had been drawn from the locally formed women SHGs, to work as part-time fieldworkers under the female infanticide project. These women fieldworkers were strategically chosen (as the director himself reminded me on several occasions), from among the community on account of their oppressed and victimised background. At least three of these women had been deserted by their husbands on account of infertility, their husband’s extra-marital relationships and had undergone other general household conflicts, while others were the victims of dowry-practice, poverty, and had attempted suicide and infanticide. The distribution of the fieldworkers in terms of the geographical area that they covered is presented in Table 7.1. As identified in the previous Chapter, their duties included identifying and

monitoring 'high risk' ANC mothers, motivating them to undergo family planning, facilitating adoption, rescue processes, and conducting and participating in awareness programmes, involving the many stakeholders at the village and *Panchayat* level. In order to carry out these activities, the fieldworkers are normally resident in their respective villages and spend most of their time in collecting data or information, visiting the families and in meeting the VHN, the CNW, and such village and *Panchayat* level government functionaries who have been co-opted by the NGO, or vice-versa, to work together. The activities of these fieldworkers are supervised by a 'field-supervisor' in each of the blocks, who visits them on a daily basis and reports back to the project coordinator, on their progress. Besides ensuring an everyday accountability in this way, the fieldworkers and their supervisors meet every month at the WCWC premises and present the findings of their monthly register, in the presence of either the director or the project co-ordinator, if the director is not available. These meetings are called 'Female Infanticide Monthly Review Meetings'. The fieldworker's register brought forth in the meeting includes individualised information on every woman in the village who might have conceived in the preceding month, their status in terms of being at 'high risk' or otherwise, number of babies born and died (gender-wise) to such mothers, babies rescued through CBS or as a result of fieldworker's own struggle and rescue processes, cases of stillbirths, sterilisation, and abortions. In recent years, an additional column to this register has been the calculation of sex ratios (SR), including the child (0-6) sex ratio (CSR) and the sex ratio at birth (SRB). An increasingly visible feature of these meetings, based on my many attendances in these meetings over a year as a non-participant observer, has been the shifting concern from a focus on female infanticide to a focus on issues of sex selective abortions, to which I shall reflect appropriately later in this Chapter.

*Table: 7.1: Details of fieldworkers and their operational areas*

<b>S.N</b>	<b>Women Fieldworkers</b>	<b>Names of Blocks and the Districts</b>	<b>Number of Panchayats</b>	<b>Number of Villages</b>
1.	Fieldworker A	Kolathur (Salem District)	Lakkampatty Singiripatty	12 villages
2.	Fieldworker B	Kolathur (Salem District)	Kaveripuram Karungallur	15 villages
3.	Fieldworker C	Kolathur Salem District)	Kolathur Moolakadu Sampalli	20 villages
4.	Fieldworker D	Kolathur (Salem District)	Kolnaickenpatty Navapatty	15 villages
5.	Fieldworker E	Pennagaram (Dharmapuri District)	10 High risk Panchayats	60 villages
6.	Fieldworker F	Ammamet (Erode District)	10 High risk Panchayats	84 villages
7.	Fieldworker G	Mecheri (Salem District)	10 High risk Panchayats	70 villages
8.	Fieldworker H	Nangavalli (Salem District)	10 High risk Panchayats	60 villages

*Source: Project Co-ordinator, WCWC*

## **7. 2. b. Health Functionaries: The VHN and the CNW**

The preparation of the fieldworker's monthly register, containing the reproductive histories of mothers, is done with the active support of the VHN and the CNW. Both of these government functionaries are thus integral to NGO programmes on female infanticide in Tamil Nadu. It is, therefore, important to consider their social and political locations along with the nature of their partnership with the NGOs.

The VHN is appointed under the DANIDA programme, while the CNW is appointed under the central Government funded Integrated Child Development Services (ICDS) programme. While the CNW is exclusively deputed to provide nutritional supplements to the children, the VHN along with a male health worker manages the Primary Health Sub-centre (PHS). A PHS is run under the purview of the Department of Public Health and Preventive Medicine. It covers a population of 5,000 in plain areas and 3,000 in hilly and difficult terrain. According to the manual of Right to Information Act, 2005, the duties of VHN includes 'maternity and child health services', 'immunization of children against vaccine preventable disease', 'control of communicable diseases' like malaria, filaria, Japanese encephalitis, 'elimination of leprosy', 'iodine deficiency disorder control programme', 'prevention of food adulteration', 'health check-up of school children', 'health education of the community', and the 'collection of vital statistics' under the birth and death registration system. (Manual is available at <http://www.tn.gov.in/rti/proactive/hfw/handbook-preventive-medicine.pdf> last accessed on February 23, 2009). An additional role assigned to the VHN is to encourage couples (mostly women in practice) to undergo family planning including providing information on contraception, sterilization and IUD insertion. All pregnant women thus should be registered by the VHN at the earliest stage of pregnancy and given antenatal care (<http://www.tnhealth.org/dphacts.htm> last accessed on December 8, 2007). In addition to the VHN and the CNW, the Village Administrative Officer (VAO henceforth), who is appointed under Tamil Nadu Public Service Commission, also plays a significant role, in that all births and deaths are also registered by him and only he can issue birth and death certificates.

Realizing the already established authority of these village-based government officials, one of the first activities that WCWC programme initiates is to attempt to enter into a partnership with the VHN, the CNW, and the VAO through their locally appointed fieldworkers. Among these three, the VHN figures as the most strategic partner due to their everyday contact with pregnant mothers in the village. Most often VHN are outsiders and normally do not reside in the village, hence they readily agree to collaborate with the fieldworker, who is generally from the same village.

Professional reciprocity becomes the basic premise of the association, and, therefore, leads to exchange of information and into the building up of alliances and networking at the local level. In the village where I carried out most of my ethnographic fieldwork, the VHN and the WCWC fieldworker shared a cordial and mutually supportive relationship and this had led to a maximum coverage of the mothers under the monthly register, as compared to other neighbouring villages where the VHNs refused to co-operate and share information with the WCWC fieldworkers.

### **7. 2. c. The *Sangha* or the SHG (Self-Help Group)**

WCWC develop rapport and partnership with not only the village-based government health functionaries (like the VHN and the CNW), but also with the women SHGs, which provide an array of informal fieldworkers on female infanticide and other related activities. These groups provide an impressive infrastructure for the mobilisation on women's causes, including that of female infanticide prevention. It is worth considering some ideas and history of the SHG along with their organisation for understanding their importance under WCWC-led female infanticide programme.

The concept of SHG has emerged in developing countries primarily in response to the need of the socio-economic empowerment of women. The SHG is considered responsible for the disbursement of micro credit to the rural women for the purpose of making them 'enterprising women' and encouraging them to enter into entrepreneurial activities. In Tamil Nadu, the women SHGs are promoted by various NGOs, the district administration, and most importantly, by the Tamil Nadu Women Development Corporation (TNWDC). In Salem, a Project Implementation Unit called *Mahalir Tittam* was first established in 1991, with the financial assistance from International Fund for Agricultural Development. The Project Implementation Unit recruited local NGOs to form and train SHGs, in borrowing and lending from the nominated banks. Though WCWC has been mobilising SHGs, since the late 1990s, it is important to point out that the official contact point for the project office has not been WCWC, but ASURE – its sister NGO (see WCWC account in Chapter

Six). By December 2003, there were 6087 SHGs with a total women membership of 101,951 in Tamil Nadu; WCWC/ASURE claimed to have mobilised about 6,735 women members via over 400 SHGs by 2005 (see WCWC poster in the Annexure VI). The following account of how SHGs work is constructed through my year long engagement with the groups led by WCWC.

#### **7. 2. d. Anatomy of the Sangha**

The membership of one SHG generally varies between 12 and 20 members (not exceeding 20 in any case). Each group selects from among itself a leader called an 'animator'. The animator is generally either a progressive woman with aspirations to achieve political power or a woman victimised at the hands of her husband and/or her in-laws. Her job is to conduct two to three meetings a month, which are attended and supervised by a WCWC representative, (mostly by the field supervisors). In the government document, the field supervisor has been identified as the contact point between the SHG and the NGO, who is also called 'Block co-ordinator' (see SHG Working Manual, Tamilnadu Corporation for Development of Women Limited, available at [www.tamilnaduwomen.org/manual2.htm](http://www.tamilnaduwomen.org/manual2.htm) last accessed on December 8, 2008). Every month, the group member raises a regular amount varying from Rs.10 to Rs.100 or more as savings, and deposits the same in a designated bank (Indian Bank in the case of WCWC). As the saving amount increases, the group starts giving loans to needy members on rotation basis at a specified low interest rate.<sup>63</sup> Gradually, the SHGs are being linked with the banks for external credit under the rural development projects. The performance of the SHGs is regularly monitored through a Joint Appraisal Committee, formed of the Bank Managers, Rural Development Officers, and NGO field workers. The Committee is called forth by the NGO representative at the behest of District Project Implementation Unit.

Besides focusing on entrepreneurial development of the beneficiaries and their village as a whole, the groups also undertake the responsibility of delivering non-

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<sup>63</sup> WCWC has particularly argued that this has been a successful strategy to save the villagers from the clutches of local money-lenders.

credit services such as literacy, health, and environmental issues and other social issues. It is under these non-credit services, issues like female infanticide and sex selective abortion have been addressed by calling on the participation of women SHG, colloquially called the *Sangha*. As mentioned earlier, WCWC has been involved in the formation and monitoring of the women SHGs ever since it started its programmatic activities around female infanticide prevention. In fact, one of their earliest engagements with female infanticide involved the identification of active women leaders who could serve as ‘animators’ of SHGs, as well as leading programmes to address social problems like female infanticide. Therefore, like most NGOs in Tamil Nadu, WCWC too relies on an army of fieldworkers from women SHGs in female infanticide prevention. When I first arrived to conduct fieldwork, I was introduced to this set-up of the people and the activities on female infanticide.

### **7. 3. Unravelling WCWC Terms and Categories**

The WCWC programme on female infanticide used a variety of taxonomies and categories. These terms are not only present in the WCWC annual spreadsheet (one such spreadsheet is re-produced in Table 7.2 for one Block as an example), but are produced and re-produced on an everyday basis, as will be evident from the ethnographic section below. Most of my readers who would read these terms and categories may not understand them at first, as was my own case initially in my field. However, an in-depth and regular follow up of such language and the intervention measures over a year has allowed me to present here an account of its making and re-making. After a discussion of the meaning of these acronyms and categories, I shall unpack them further through some narratives, anecdotes and case studies in the following section.



Table 7.2: WCWC Female Infanticide Report, Kolathur Block, Jan- Dec 2004

Panchayat Name <sup>64</sup>	ANC	Total Birth	M	F	HR	Total Birth	M	F	SR	Cradle	Death M F	SB M F	FP	Abort
Panchayat 1	91	71	39	32	22	15	7	8	-	-	- -	- 1	18	8
Panchayat 2	148	86	35	51	41	25	18	7	-	-	1 2	- 1	25	11
Panchayat 3	25	18	8	10	7	6	4	2	1	-	- -	- -	3	-
Panchayat 4	52	32	15	17	15	11	6	5	2		- 1	- 1	7	1
Panchayat 5	104	63	35	28	36	20	11	9	8	-	4 3	- -	25	-
Panchayat 6	46	22	8	14	14	5	1	4	4	1	- -	- -	3	-
Panchayat 7	149	111	58	53	29	17	9	8	3	1	- -	- -	21	-
Panchayat 8	191	177	92	85	53	32	14	18	10	-	1 1	- 1	25	5
Panchayat 9	60	60	32	28	25	18	12	6	-	-	- -	1 2	15	1
Panchayat 10	48	47	26	21	15	12	6	6	-	-	1 -	- -	5	-
Panchayat 11	47	32	22	10	3	1	-	1	-	-	- -	- -	4	-
Panchayat 12	47	35	9	26	9	7	3	4	-	-	- -	- -	7	-
Panchayat 13	52	48	29	19	6	3	3	-	-	-	1 -	- 1	2	-
Panchayat 14	137	90	47	43	49	38	20	18	7	1	- 2	3 -	16	5
Total	1197	892	455	437	334	210	114	96	35	3	8 9	4 7	176	31

<sup>64</sup> In order to protect data, I have changed the names of *Panchayats* to numbers.

Source: WCWC Annual Report, 2004

### **7. 3. a. ANC – Antenatal Care**

The term ANC is used to refer to women who are reported to have conceived, are registered in the nearby Primary Health Sub-centre and thus require ante-natal care. In its original usage ANC refers to pregnancy related health care provided by a doctor or a health worker in a medical facility or at home. Under the existing Primary Health guidelines in Tamil Nadu, pregnant women should have at least three antenatal checkups that include blood pressure checks and other procedures to detect pregnancy complications. There is no fixed rule as to when these checks should commence. Generally, antenatal care begins as soon a woman is identified by the VHN (with or without the help of CNW and NGO fieldworkers), as being pregnant.

In the WCWC female infanticide programme, antenatal care has been assigned a different meaning. Far from serving the medical requirements of primary health care of the mother, the category ANC is employed to detect mothers who are at ‘high risk’, in terms of committing female infanticide or terminating pregnancies (see the term ‘high risk’ below). All attempts under the programme are directed to identify and register a mother as ANC at the earliest possibility. This is one of the first way in which the WCWC creates a category of ‘population’ that needs to be monitored and governed.

### **7. 3. b. HR – High Risk**

The term ‘high risk’ is used to demarcate a further sub-set of population from among the population of ANCs that requires specific modes of control and regulation. High risk, as employed by WCWC, denotes two entities under the programme. One, a pregnant mother or a family, and second a geographical area or a sub-population – it could be a village, *Panchayat*, Block, or a Taluk. That is why it is not uncommon to hear discourses around both the ‘high risk mothers’ and the ‘high risk areas’. The criteria for defining a woman and/or a population are inter-dependent, yet vary across NGOs in Tamil Nadu. According to WCWC guidelines for the fieldworkers, an ANC woman, and therefore a family can be at high risk, if she already gave birth to at least one daughter and conceived or, even if she has one daughter and one son. More

recently, the NGOs have added such conditions that the family ought to be Below Poverty Line (BPL), and whether a daughter is recently born in a close relative's family or not. On the other hand, an area such as a *Panchayat* or a Block is defined as 'high risk', based on the total number of 'high risk mothers' in that population. The WCWC claim to have reduced female infanticide by reducing the percentage of 'high risk mothers' in Kolathur Block over the years (for the statistics see WCWC poster in the Annexure VI), is such an example. In addition, the criterion of a lower proportion of female to male ratio in the 0-6 age group, along with the presence of at least one private scan centre has also been included. WCWC itself has attributed this to the changing paradigms of social mobilisation and discourses around sex selective abortions at the state-level (reiterated in personal conversations with WCWC Director, January-June 2005).

### **7. 3. b. SR – Struggled and Rescued**

The term 'struggled and rescued' refers to a successful birth of a female child in a 'high risk' family. As mentioned earlier, the pregnant mother in these high risk families is constantly visited by the WCWC fieldworkers and the VHN alike. Such 'visits' begin right from the identification of a pregnant mother as HR and sometimes last up to a few weeks following the delivery. The visits are normally monthly in the beginning, but become quite intense in the last weeks of pregnancy. These visits are meant to counsel the family members (in particular, the husbands, the fathers, the mothers and the mother-in-laws), regarding the importance of daughters in the family and society. The counselling also includes awareness of the existing government schemes such as the CBS and the GCPS. In practice, counselling often takes the form of threats and actions, if these families refuse to listen to the fieldworkers, or the government health workers. In response to my question on the relevance of threats, the WCWC director justified it by asserting that the organizational strategy is to use techniques of both persuasion and threat in order to stop people from killing their daughters; if persuasion does not work, threat takes over (one of the narratives below demonstrates this strategy).

In practice, the SR term contains two forms of NGO action. If an identified high risk mother delivers a daughter after a 'normal' follow up (i.e. monthly or weekly), the baby is registered in the fieldworker's dairy as simply being 'rescued'. This is what the organisation referred to me as the first level of rescue. However, if the pregnant mother exhibited signs and intentions of killing the unborn child, an 'intensified' follow up takes place (i.e. on a daily basis). Under such framework of action, if a daughter survives, she is categorised as being a 'struggled and rescued' child (the second and highest level of rescue). In practice therefore, the term 'struggled and rescued' refers to the efforts and activities of the fieldworker, which includes regular follow up, counselling and sensitisation. There is often a case when the same baby who is registered under the category of the 'struggled and rescued', could also be re-classified under the Cradle, if the baby is later given for adoption under CBS. To me, it appeared as a case of overlapping as well as a 'third' level of rescue to which the organisation had not yet paid any systematic attention. WCWC generally abandons monitoring these babies and their families after some time (unless there is another birth forthcoming), unlike the neighbouring NGO (Poonthalir) which has specifically developed a programme (with the help of international funding agencies), to re-integrate these babies with their natal families and provide them sustenance until they attain 18 years of age or so (Interview with Poonthalir Director, March 2005).

### **7. 3. d. Cradle – Cradle Baby Scheme**

The term 'Cradle' as used under the WCWC programme refers to its facilitation in the transfer of a child under the CBS of Tamil Nadu (which is meant to save girl children from probable female infanticide). Under the existing scheme, there is no explicit mentioning of NGO partnership for facilitating abandoned babies under the CBS. NGO facilitation is completely voluntary and non-governmental. Most often, the NGOs intervene to facilitate at the behest of the VHN and the CNW, who are the approved government officials under the scheme. Upon a successful transfer under the CBS, WCWC classifies the baby under the category which it calls 'Cradle' baby, while the VHN reports it as being given under CBS in her birth and death register.

In an informal interview with the WCWC director (January 11, 2005), he affirmed that Cradle is the last thing that the organisation looks for. He said, an increase in 'Cradle' means a decrease in 'struggled and rescued' cases. Seen in this arrangement as the programme conceives it, 'Cradle' for WCWC symbolises a failure in the organisation's efforts to save a baby. In practice, however, the notion of Cradle is a much celebrated event for the WCWC fieldworker. On many occasions, I witnessed the WCWC fieldworkers celebrating the surrender of a baby under the 'Cradle'. In fact, whenever there was a mention of a baby being handed over to the CBS, there had been a noticeable relief and joy on the face of fieldworkers. In making an attempt to understand this contradiction, I was asked in return, "Is it not better for the child to stay alive under the Cradle than to have her been administered *Yerukkampal* (a poisonous milk) in order to die?" (Response of a WCWC woman fieldworker, March 29, 2005) One wonders whether it is merely the threat of a child's death that leads to such categorisation of human life or such categorisations are inherent in the organisational tactics to retain a power relationship ostensibly for the governance of the under-governed. I will return to this dilemma at the conclusion of this thesis.

### **7. 3. e. SB – Stillbirth, FP – Family Planning, and Abortion – Induced and Spontaneous Abortion**

These terms have not changed much from the PHC definitions. WCWC merely engages and reproduces them on an everyday basis. The fieldworkers collect cases of stillbirth, sterilisation, and abortions mainly with the help of VHNs. In practice, however, some of these terms are amended to accommodate the language of convenience and colloquiality. For example, the term Family Planning, and even sterilisation, is replaced by the use of a colloquial term 'operation' in the actual interactions. The fact that the act of 'operation' (involving procedures such as Pubertal Surgery, Non-pubertal Surgery, Medical Termination of Pregnancy with Tubectomy, Lower Segment Caesarean Section with Tubectomy, and No-Scalpel Vasectomy among many others) is known as such, is underscored by the organisation. It is more likely that this term had been put into use by the women themselves, rather than an imposition from the NGO. Likewise, the category of

abortion is used to include and collect statistics for 'sex selective abortions' as well. This is so because WCWC does not maintain a separate category in their register, due to the fact that the documentation strategy for sex selective abortions has not been yet invented and also because these practices are believed to be rare and infrequent in the area. However, realizing the growing concern about scan centres and clinics involved in sex determination, WCWC director expressed the possibility of documenting sex selective abortions independently of abortions in one of the monthly meetings (Female Infanticide Monthly Review Meeting, March 2005). In this regard, he repeatedly directed the fieldworkers to be cautious and alert for its possible documentation. Nonetheless, the documentation of abortion provides the NGO with another basis to create a 'high risk' population.

## **7. 4. Some Ethnographic Encounters**

Having explained these terms and categories, the obvious question is to ask: how are they built up and what implications do they have in understanding the WCWC programme on female infanticide and in understanding the women and society that they represent? How these categories are created and reinforced, I argue, holds significance not only in public policy analysis but equally for development anthropology. I suggest that an understanding of these categories-in-making is vital to understanding and revealing the processes of control, regulation and management of the population. A case study of the WCWC programme on female infanticide amply demonstrates this. I also take these categories and their construction as a way of understanding both the NGO and female infanticide in contemporary Tamil Nadu. Not surprisingly then, these categories form the organisational language of most of, if not all, the NGOs and are used not only in the official texts (viz. in the WCWC female infanticide database, or in annual reports), but also in everyday communication with people including with those outside the intervention programmes, i.e. international funding partners. In short, I attempt to bring out the 'political' in what primarily has been understood by development agencies as 'non-political' approach to empowerment and development. In the following ethnographic account, I try to unpack some of these categories selectively in order to highlight the political rather than non-political nature of their usage. The main idea behind

discussing them here is to show how the subject of female infanticide has become a dramatized event in the village life and thus has gone from a covert act to an overt one with the NGO intervention. In doing so, the underlying concern is; how do NGO modes of governance mediate and consolidate the State's role as both the protector and perpetrator of civil rights? How far do they take the State's side rather than that of the communities they claim to represent as an agent of Civil Society?

#### **7. 4. a. Death due to Social Cause: A Review or an Investigation?**

In my very first week at the WCWC premises, I was advised by the WCWC director to accompany Sunil on his visit to a family (in the neighbouring village), which was suspected of having committed female infanticide. The next day, Sunil and I climbed on his two-wheeler, aiming to reach the target village in two to three hours. The village was located in one of the remote blocks of neighbouring Dharmapuri district, where WCWC, as noted above, had up-scaled its activities only recently. On our way through Kolathur town, we were joined by Jayanthi who was the field supervisor for the village we were visiting. Like Sunil, she herself was also an outsider. She rode on her own bike which had room for one more person to ride. On reaching the nearest Block town in Dharmapuri, a woman fieldworker named Prabha took up the vacant seat on Jayanthi's bike. In the end, the entourage was joined by Sangheeta (the local VHN), who was waiting for us just outside the village. Indeed, the female infanticide 'squad' had been formed.

In all this, I remained oblivious, as I could not make much sense of what was going to happen next. I could not help appreciating the punctuality and co-ordination of fieldworkers. In response to my growing inquisitiveness, Sunil began to explain how everything had been planned since the last week. How the information with regard to the family was collected and how 'stakeholders' like the VHN and the fieldworker were mobilised. The most important thing he told me was that this visit was meant to be a surprise visit; no one outside the WCWC corridor was informed of the visit. We were stunned when we arrived to be surrounded by a mob of dozen village-men led by the VAO as soon as we entered the village. The VAO outright suggested that the

visit was futile as the baby whose death the team had come to 'investigate', died of pneumonia for which the PHC had already issued a certificate and, thus, no further enquiry was required. When I looked at Sunil for clarification, he was dumbfounded like most others in the team. Nonetheless, the team insisted on talking with the mother on the pretext of paying their condolences to her. Arrangements were immediately made by the VAO to ensure that the mother did not get to talk to any members of the team in private. Therefore, a bed was brought in for us to sit on, and a timid and scared mother was asked to come and narrate the story of how her baby died. The following is an account of what the mother told to Jayanthi who in turn told it to the audience.

A second baby girl was born to this young Dalit mother who regularly worked as a *coolie* [agricultural labourer] on other people's lands. Her husband was an alcoholic who would not work regularly. She had earlier given birth to a daughter, who was now five years old. According to the mother, on the second day of this birth, the baby was suffering with a high fever, when she was carried to the nearest PHC, but she died on the way. The dead baby was examined by the PHC doctor who issued a death certificate explaining the medical cause of death as pneumonia, which the VAO corroborated immediately by producing the death certificate for us. [Field notes: Pennagram, December 15, 2004]

After a formal talk with the mother, Jayanthi and Prabha managed to take the mother inside her house and struggled to find out the 'real' story. All they could report back was the fact that the mother appeared to have been under tremendous pressure and probably under threat as well. On our way back, the team stopped at the local fieldworker's house in the town to discuss the event. First, Sunil expressed his utmost shock over the leakage of information about their surprise visit and wondered how it had been made possible. Prabha suggested that it was probable that somebody from the town called up the VAO on having seen the team entering the town in the morning. The second issue was the cause of death. The VHN strongly pointed out that this was a clear case of Death due to Social Cause.<sup>65</sup> According to her, the lady

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<sup>65</sup> To collect statistics on infant mortality, the Department of Public Health and Preventive Medicine identified 21 possible causes in the VHN register. Of these causes, only one is classified as a non-



doctor at the PHC was a corrupt official who had signed a wrong death certificate as a result of her liaison with the VAO. As the VAO was quite influential locally, she could not undermine his request for a forged death certificate. Why would the VAO hide the death? What was his interest? (I asked). The allegations made by the VHN were taken and supported by Prabha. She argued that there was no doubt that the VAO and the PHC doctor had collaborated to conceal this death, because any single reported case of female infanticide from this village would amount to challenging his power, leadership, and influence in the area. He had proclaimed to political leaders that female infanticide no longer took place in his area. Thirdly, why did the VAO and the PHC doctor act otherwise when they were generally supportive in documenting and eliminating female infanticide? Everyone in the team agreed that non-cooperation by the VAO was exceptional in this case and his move violated the previous efforts and actions in documenting female infanticide by the village government officials. Sunil opined that this was perhaps due to the fact that a report of an increasing number of female infanticide cases may bring disrepute and a demotion of some government officials. He supported his opinion by sharing the story of a VHN who specifically received warnings and discouragement from the district administration for sending 'too many babies' under the Cradle. She had since then stopped facilitating adoption under the scheme, as her move was taken to suggest her failure in promoting smaller family norms in the village. Everyone in the group agreed to discuss the issue of non-cooperation by the VAO at the next Female Infanticide Block Level Monitoring Committee meeting.<sup>66</sup> Finally, everyone in the group felt that this was a case of female infanticide, which was not only successfully concealed but converted into a natural death by medical cause with the active support of government officials. Not having enough evidence to support their claim, the team reported this death as 'death due to social cause', which in common WCWC idiom

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medical cause, which is termed as 'death due to social causes'. All suspected and/or confirmed cases of female infanticide are registered in this category, rendering the term a euphemism for female infanticide in Tamil Nadu.

<sup>66</sup> Following a drive by the Salem district administration to form a female infanticide 'monitoring committee' at village, Block, and District levels, WCWC has so far formed five Block Level Committees which included representatives from Panchayat Union, Block Health Centre, Block Development Office, *Tehsildar*, and Police.

means a 'suspicious death', unlike the PHC records, which uses the term for both confirmed and suspicious cases of female infanticide.

#### **7. 4. b. Eradication versus Victimisation: Threat or Persuasion?**

Mariamammal, 32, was registered in the WCWC register as a 'high risk' mother with two surviving daughters and one son. Since she had given birth to a daughter in her last delivery, she was repeatedly visited and counselled by the WCWC fieldworkers to undergo family planning. However, much to their disappointment she conceived again, and gave birth to another daughter in mid-October 2004. Three days later, the WCWC fieldworker visited her and found the baby missing. When asked, the mother replied that the baby had been given to a close relative. [Excerpted from WCWC Annual Report 2004]

This was one of the cases that I witnessed being discussed in the monthly review meetings of female infanticide in the NGO corridor. It was agreed in the meeting that a team must visit and find out what happened to the baby. The team was happy to accommodate me in their proceedings, so they went and first inquired from the mother the whereabouts of the baby. Later, the fieldworkers searched the entire house area, where they found a suspicious fresh burrow in a corner of the courtyard. The fieldworkers expressed the feeling that something seemed to have been buried underneath. They suspected that the baby was killed and buried in there, took a photograph of the burrow and went to the police station. The fieldworkers were asked to lodge a written complaint with further evidence. The team therefore, visited the family again and threatened the mother with dire consequences. The mother broke out in tears and replied that the baby had unexpectedly died but she did not inform anybody lest they would suspect her of killing the baby. The mother's admission of the death of the baby gave WCWC enough grounds to say openly that she had committed female infanticide and that she must be punished for it. The organisation went to the extent of writing in their report, ".....this has fired the gun" (WCWC annual report 2004). Eventually, the NGO filed a First Information Report (FIR) to the police and the mother was arrested for further inquiry. From the enquiry, it was revealed that apart from three living children, she had earlier given birth to

three more daughters and one boy, all of whom had died for various reasons immediately after the birth. The cause of these deaths was, however, never established. Nonetheless, WCWC registered the death as female infanticide. In their annual report, WCWC claimed to have made an 'alert' in the area by filing legal proceedings against the mother, as the issue was widely publicised in all the local newspapers (usually with comments appreciating the efforts of WCWC). Besides, government officials like Block Chairmen, *Panchayat* President and Police officials had also appreciated the efforts made by WCWC project.

The above narrative is a case that helps in understanding the myriad techniques of governance that WCWC has deployed in female infanticide eradication. On the one hand, the NGO claims to work with people by persuading them through their programme. On the other hand, it does not hesitate in resorting to legal measures such as this one, which in recent years has been severely criticised for penalising and thus victimising the mothers doubly. In an informal talk, the WCWC director regretted the legal action against the mother and asked the fieldworkers to refrain from it in the future. Of course, such a change in strategy emanates from the fact that people began to resent the organisational presence in their village as a result of its involvement with the police and the government, which are mainly viewed as law and order enforcement agencies. After this episode, people went on to equate the NGO with the 'government' which the WCWC director had always resented by saying: we are not the 'government'. Yet the NGO took a direct role in collaboration with the government. I have noted elsewhere that NGOs in Tamil Nadu have resorted to different strategies depending on different and localised understanding of female infanticide. Initiating a legal action against a mother here is one such action the repercussions of which made them later regret the action. However, the irresistible notion of exercising power over people is something that NGOs find difficult to give up. In another instance, WCWC claimed to have influenced the suspension of a CNW, who failed to take any action on the suspected death of a baby in her village (Female Infanticide Report 2004). According to WCWC, this has alarmed most officials and invigorated them to remain watchful and vigilant in their areas. By mobilising the *Tehsildar* (Revenue Collector) and the *Panchayat* President in its

favour, WCWC clearly acted toward creating the ethos of responsibility and accountability among the responsible citizens – which is one of the hallmarks of new modes of governance.

#### **7. 4. c. Cradle Baby versus Rescued Baby: Saving Lives or Saving Efforts?**

In June 2004, WCWC fieldworkers intensified their ‘visits’ to a 26 year-old mother Malligha when she was about to deliver another baby. Over the years, she came to be classified as the ‘most’ high risk [sic] mothers by fieldworkers as her last female child died at birth under suspicious circumstances. The fieldworkers could not verify or investigate the death of her child then. Nonetheless, they suspected it to be a case of female infanticide based on the accounts of the VHN and the CNW. So this time, there were special instructions for the fieldworkers with regard to her close monitoring and counselling. Malligha recalled being visited by a fieldworker and a CNW almost everyday in her last week of pregnancy. In mid-July 2004, she finally gave birth to twins – a male and a female baby. [Excerpted from WCWC Annual Report 2004]

When I met her through Parimala in March 2005, she recalled being immediately approached by a team of VHN, CNW and fieldworkers who coerced her to undergo family planning. She agreed to do so on the condition that they must take away the female baby and give her for adoption under CBS. The reason she gave to them was the poor economic condition of the household and her inability to bring up another daughter. The fieldworkers suggested that as per the scheme, she would then have to surrender both the children, if she wished to utilise the scheme (this was not true, but a tactical threat to keep the baby with the mother). However, Malligha was aware that there was no such condition. Rather she issued an implicit threat to the fieldworkers by suggesting what would happen if she just ‘left’ the child outside the district cradle office. After a long negotiation, the team had to surrender to her determination and thus facilitated the transfer of her female child under the CBS as soon as she underwent sterilisation. WCWC registered this incident both as a Rescued and a Cradle baby as well (WCWC Annual Report 2004).

Malligha's story points out how, on the one hand, in the name of rescuing female babies, the female health workers and fieldworkers save their energy and efforts by reinforcing the routinisation of sterilisation practices and how, on the other hand, women themselves use this route to bargain with NGOs and health workers in getting rid of unwanted female babies. The fact that the fieldworkers consented in the face of this mother's determination to give up her daughter for adoption, on the condition of sterilisation reinforces the Tamil obsession with fertility control rather than the ascendancy of lives. It also suggests that not all women are passive recipients of social engineering by the WCWC and other government bodies. Although it is quite difficult for many pregnant mothers to escape the gaze of WCWC fieldworkers and health workers, an attempt is nonetheless often made, which becomes a time of crisis and renewal of efforts for the fieldworkers as the following narrative demonstrates.

One day I was sitting at the village tea-stall and chatting with some elderly villagers when Sunil arrived on his two-wheeler and asked me to accompany him. On the way, he explained that we were going to meet Maheshwari [the VHN] who had received a threat from a poor Lambadi woman to kill her newborn female baby, if Maheshwari did not immediately take the baby away for adoption under CBS. The problem arose when Maheshwari refused to facilitate the adoption as she was instructed by higher officials to discourage collecting any more babies due to lack of infrastructure in the district cradle centre to accommodate them.

When we arrived at the Primary Health Sub-centre, we found Parimala [my key informant], in discussion with Maheshwari over the issue. Parimala told us that this mother was a 'high risk' with two daughters. A third daughter had been born to her a month ago and was registered as a 'rescued baby'. Now, a month later, the family had decided to give away the baby for adoption. She further told us that the mother's interest in abandoning the baby was a result of listening to stories about another Lambadi mother from the neighbouring village, who had given birth to a female baby a month or so ago and then disappeared from the village along with the child. According to her family members, she went to live with their relatives in Trippur – a town located near Coimbatore. Now she was back in the village without the child. When asked by the people, the family replied that the child was alright and living with its grand-parents in Trippur. But there had been much speculation among the villagers regarding a probable female infanticide. That was why this Lambadi mother came to Maheshwari and questioned her as to why she was not taking any action against the family. She went to the extent of alleging that the

VHN was conniving with the family in concealing the matter, when the VHN refused to facilitate her child for adoption. Maheshwari was speechless for she had no answer to give to the family. I asked Maheshwari and Parimala why they did not travel to Trippur and find out what had happened. They expressed their helplessness as the area was not in their jurisdiction and that higher level officials were not interested in pursuing the matter any further due to cross-boundaries complexities. As a result, none of us came to know what happened to the baby; at least, the baby was not seen back until my stay in the field ended. Nonetheless, the incident was registered as a ‘suspected’ female infanticide. [Field notes: Attipatti, March 31, 2005]

While returning, Sunil and I stopped at the village tea-stall and talked about the episode again. He was of the view that this Lambadi mother was a shrewd and clever woman because when her baby was born a month ago, she gladly accepted her. However, once she came to know of another mother suspected of committing infanticide, she positioned herself to bargain with the VHN. While talking about her, he grew sceptical of the fact that women in this village were now getting ‘smart’ and ‘tactical’ when it came to dealing with NGO and government officials. He scornfully said:

We [WCWC] are damn involved in saving lives and these people are becoming smart and tactical day by day. Sometimes, it seems we are way behind these people in thinking and planning. You see....they have now found out too many ways to do away with the girl child. One of the problems we are facing in our work is to keep monitoring high risk mothers. Nowadays, they conceive in our village but at the time of delivery, they migrate to their relatives in Kerala, Karnataka or somewhere far away in Tamil Nadu, where we can’t reach. If a girl child is born, they do infanticide and when they return, they claim that the child was born a ‘stillbirth’, or she died out of sickness, or other such diseases. Now you tell me how we can travel so far to cross check what actually had happened.....they are even travelling far ahead than we do. [Field notes: Attipatti, March 31, 2005]

The above narrative, besides unravelling the complexities involved in understanding female infanticide, points towards the increasing resistance by young mothers against the WCWC and other’s gaze. However, such resistance remains individualistic rather than collective in nature. Incidents of female infanticide are much more sporadic than sex selective abortion – over which WCWC has not yet developed any systematic

programmatic activities. The concern for the latter has only been expressed in rhetorical terms by WCWC. In a number of public meetings and seminars, WCWC has declared that in response to their activities on female infanticide, resistance is taking a far more complex route with people changing their modus operandi in getting rid of unwanted babies through sex determinations followed by selective abortions. Those mothers who decide to undergo sex determination tests followed by induced abortions disappear from the village much before (in the third or fourth month of their pregnancy) they can be monitored and counselled. Hence, in comparison to female infanticide, sex selective abortions are far more difficult to detect in the first instance leaving aside the processes of regulating such mothers. Therefore, resistance is far more widespread with regard to sex selective abortions than with female infanticide. Realising such a widespread nature of resistance to erstwhile government and NGO measures, the Salem district administration has recently invited the NGO representatives and SHG members to monitor and provide details about scan centres (estimated at 176 in the district), which are functioning discreetly in villages (*The Hindu*, 13th July, 2007). This would certainly allow the NGOs and others to shift their gaze equally on to the functionaries of scan centres including doctors and gynaecologists ostensibly, to bring back into focus those mothers who have been successfully escaping the gaze so far. It is only a matter of time to see how and when WCWC act on this following the government's drive to reach the people and communities where its limits have not yet reached. Future ethnographic work might shed some light on this.

## **7. 5. Conclusion**

In this Chapter, I demonstrated the specific ways in which female infanticide is constructed as a social problem. I highlighted the WCWC practices around the documentation of the families for knowledge-management as part of the 'mapping' strategy of the NGO, and raised a number of concerns with regard to surveillance, labelling, stigmatisation, and resistance. The Chapter has also demonstrated how NGO techniques of using social pressure, dramatisation, threats and incentives, persuasion and coercion and putting the onus on the community, in effecting change has blurred the boundaries of state and non-state actors, and thus marks a new era of

governance and civil empowerment. In sum, in the name of effecting socio-economic change and gender empowerment through the female infanticide programme of WCWC, government and civil society (acting in consort) have produced unintended outcomes, leading to the marginalisation of young mothers and to further differentiation and hierarchy in the rural social life amidst the usages of categories. One significant outcome of the usages of these categories has been the turning of these villages into a battleground of concepts and taxonomies by which village social life can now be characterised. In the light of the above narratives, I argue that people view their life and resources in terms of these categories and taxonomies, with which they have now come to be labelled. In such a stereotyped pattern of life, it is not difficult to imagine people being differentiated across the line of these categories, viz. pregnant mothers, 'high risk' mothers, infanticide mothers, sterilised mothers, cradle baby, rescued baby, and so on. In short, a new category or class of people are being created on the basis of these categories. Such differentiation is clearly formed along a power axis not only between intervener and the intervened but also within the intervened group, i.e. those classified along a category and those who are left out. Needless to say, for the NGO and government workers, a mother classified as 'high risk' is perceived with certain negative traits of motherhood and thus needs to be subjected to empowerment and development, as against those who are not categorised likewise. Similarly, the features of a Cradle baby would be different from the babies who are brought up in a family and community environment. Thus, the source of power in patterning of such relationships emanates from the usages of categories and concepts, which are so frequently used to identify and characterize a set of human population.



## CHAPTER EIGHT

### Female Infanticide and Sex Selective Abortion: Voicing the Mother

#### 8. 1. Introduction:

On March 16<sup>th</sup> 1993, when Poongodi was 25 years old, she was admitted to a government maternity ward two days prior to her delivery. The Doctor, after having performed a 'scan' [ultrasound], revealed that Poongodi was going to deliver a female child. Poongodi became upset as she was immediately reminded of two people. One was her father, who had threatened her with not being allowed to enter his house without [bearing] a son. The second was her family *Jathagakarar* [astrologer] who had predicted that she was going to give birth to a son in this delivery. Poongodi was now regretful about why she had not undergone a 'scan' earlier for, she said, had she done so she would have terminated this pregnancy on time. It was now too late to terminate the pregnancy. However, she insisted that undergoing a 'scan' for sex-determination was not a common practice for pregnant mothers in those days. Two days later, she delivered a second baby girl to the family. Out of her severe disappointment, she refused to breastfeed the newborn at all.<sup>67</sup> No sooner was her daughter born than Poongodi began to think of how to do away with the child. She had heard of stories of how her mother-in-law suffocated her third daughter to death by keeping the newborn in a small basket; in her next delivery, her mother-in-law gave birth to a son. She also recalled people saying how her own brother and his wife got lucky in giving birth to a son only after when one of her daughters died later [on account of a common illness]. So, she convinced herself by speculating that if she killed her newborn daughter now, this would ensure the birth of a son in the next delivery. But she did not have enough strength to kill the child by herself nor did she know how to kill a newborn. She asked her mother and the elder sister to help kill the child. They not only refused but also advised her to refrain from it.

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<sup>67</sup> In my discussions with young mothers, breastfeeding immediately after the birth of a child has been reported as a common practice. This suggests that breastfeeding a newborn constitutes one of the first cultural as well as reproductive practices for mothers to internalize the socially constructed meaning of the birth of a child. However, in cases, where female infanticide is anticipated, a mother's refusal to breastfeed the newborn, therefore, constitutes an act of placing death before birth.

She was still in the hospital when she heard a rumour from fellow mothers that an old woman was selling a newborn male child for only fifty rupees. She thought of replacing her newborn daughter with this male child. When her husband visited the maternity ward, she discussed the prospect of 'replacement' with him, but he not only refused the idea of replacement for a son but also accepted the newborn [daughter] without any protest. He instead advised her to undergo sterilisation as he expressed his contentness with a small family, even with only daughters.<sup>68</sup> On being convinced, she underwent sterilisation on the third day after the delivery. It was just before then, Poongodi recalled, when she breastfed her daughter for the first time after her birth.

[Excerpted from field notes: Mettur, March 12, 2005]

I first met Poongodi in early 2005 at the house of Viji, my female research associate, who I often visited in order to develop a good rapport with her family and neighbours. Poongodi, now a 37 year-old mother of two grown up daughters aged 16 and 12 years, was Viji's next door neighbour, who frequently visited the family. One afternoon, Viji and I were discussing about the GCPS when Poongodi – sitting a little away – overheard us and inquired if we were talking about the Tamil Nadu government scheme meant for families with only daughters. Viji and I were thrilled to know that she (in fact, her daughters) was one of the earliest beneficiaries of this scheme back in 1993.<sup>69</sup> We invited her to talk. It was in this context that she calmly broke the story of how she once intended to kill her newborn daughter before actually taking part in the scheme.

I consider it apposite to begin this Chapter with an anecdote of a thwarted attempt at female infanticide rather than a successful one. This is to demonstrate two things: one, that the act of female infanticide and/or sex selective abortion is not always as straightforward as is implied in the macro-discourses on the sex ratio in India (see the review Chapter); two, that the pressures against the so-called instrumental killing of female babies are sometimes stronger than those in favour of ensuring the birth of

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<sup>68</sup> Later, the couple opted for the GCPS for their two surviving daughters. The benefits of this scheme were told to them by the maternity staff; besides, the scheme then was routinely aired on TV installed in the maternity ward.

<sup>69</sup> It was a time in my fieldwork when Viji and I were eagerly collecting a list of families who gave birth to only daughter/s and hence took part in the GCPS.

a son in the family — something that is rarely highlighted. Besides, it was somewhat akin to an epiphany for both Viji and me to realise that it is possible to talk to some mothers about their painful experience of giving birth and death and, therefore, it is possible to construct a social theory of female infanticide as employed by mothers themselves. This came to be validated in more than few circumstances. When we were talking to mothers about the ideal family composition, sterilisation, or abortion, some either admitted selectively aborting a female foetus and/or killing female children or talked about others having done so (discussed below). In addition, many other mothers gave accounts of committing female infanticide that figured regularly in the NGO documents or pamphlets (as discussed in the last Chapter). We had several opportunities to meet such a mother through an NGO before we conducted our own interviews. This was an old woman from a far away village who was co-opted by the local NGO to work as a village-based fieldworker for their intervention on female infanticide. At the behest of another female fieldworker who introduced us, this old woman frankly told us the story of how she had killed her three female babies many years ago and how she buried them under the field adjacent to her house. Shocking and disturbing as these accounts were, they nonetheless highlighted slightly different stories hitherto untold in the popular accounts of female infanticide. For example, Poongodi's own account of her husband, her natal family members including her 'father' and the 'astrologer' in imagining female infanticide otherwise has rarely figured anywhere. Such accounts inevitably challenged our field research inquiry in approaching the problem of female infanticide in an entirely patriarchal or even political-economic and cultural set up – a view acquired by interacting with the government and NGO health workers other than the reading of literature on the subject.

In the available accounts, mostly journalistic, such mothers were presented either as an unvoiced lot without any agency, or as an aggressive and manipulative group with an over-prediction of their agency. Consider the following response by mothers involved in female infanticide, which resonates unfailingly in most accounts of female infanticide in Tamil Nadu as an instance of rational decision-making by women:

Well-to-do people go for family planning methods. We limit our families in our own indigenous way. What is the difference? If it is legal to kill a baby in the womb, why should it be wrong killing a new born baby? (Mazumdar, 1994: 14)

Or, when a woman shouted at a journalist in Salem on being asked why she had committed female infanticide: “.....what do we do when we don't have money to bring up and marry off girls. Will you bear the expenses?” (Venkatesan, 2001) Explaining female infanticide in terms of dowry-practice and the economic burden of a girl child is largely the result of an analysis based on these over-predictions. They, nonetheless, fail to address the question, why should not all households practising dowry weigh up the costs and benefits and choose to abort female foetuses or kill (or simply neglect) female children? After all, there are regions in India where large dowries are the norm and in which female infanticide is unknown (for example, see Miller, 1981 among others). The issue that I want to highlight here is the context in which these responses emerged, i.e., short-lived encounters which usually lasted no more than a few hours in which women were asked why they had committed female infanticide. This brings into focus the need for a sympathetic understanding and establishing inter-subjectivity on the nature of the relationships between specific social processes and practices and the individual behaviour – a concern with which I deal ethnographically in this Chapter.

So far, I have discussed the historical, political, cultural and demographic (fertility and reproduction) ‘contexts’ of female infanticide and sex selective abortion. In this Chapter, I move on to present an account of female infanticide and sex selective abortion, based on interactions and interviews with young mothers who were alleged to have committed female infanticide and/or sex selective abortion in the five years preceding the fieldwork in late 2005. As noted in the methodology section of the Introduction Chapter, an intensive interview with 16 of these mothers was made possible by the commendable efforts put in by Viji and Parimala. A concluding discussion in this Chapter, thus, is based on the information collected through the use of a semi-structured schedule, administered to these mothers mainly for a reproductive history of mothers covering their puberty experience, age at marriage, type of marriage (kin or non-kin), dowry-practice, pregnancies and the outcomes by

sex, child-spacing and lactation, stillbirths and deaths, and abortion and family planning. As also discussed in the methodology section, the same schedule was administered to matched pairs of another 16 mothers, who were never accused of committing female infanticide or sex selective abortions (some of whom were nonetheless involved in the practice but escaped the attention of the enforcement agencies). In addition to semi-structured interviews with individual mothers, I also managed to bring some of these mothers together, along with a few older women randomly selected, for a collective discussion on small family size, preference for sons and daughters under the small family norm, family planning, abortion, marriage practices and dowry, and, in particular on their perception of WCWC and government-initiated actions on female infanticide. The latter strategy was primarily designed to identify any significant variation in the collective response of young mothers on the issues stated above across the caste line.

Having established the bases and justification for this Chapter, I organise it along two broad lines. Firstly, I connect the ethnographies of fertility and reproductive practices in Attipatti (Chapters Two and Three) with that of a description of female infanticide and sex selective abortion. Towards this, I first draw some particular inferences on the pattern of the practice, and its relationship with sex ratio debates, through a comparative look at the reproductive and other such details of the female infanticide and non-female infanticide mothers. Then, I provide an ethnographic narrative each for female infanticide and sex selective abortion in order to identify the personnel trajectories leading to the act. Secondly, I bring some more mothers into a discussion on female infanticide and sex selective abortion, primarily in terms of how they perceived the Government-initiated actions (Chapter Five) and the NGO intervention (Chapters Six and Seven).

## **8. 2. Some Description of Female Infanticide and Sex Selective Abortion: Identifying Patterns and Conflict**

The following tables are presented here to reiterate some of the demographic outcomes of changing fertility and reproductive practices made in Chapters Two and Three in the particular ethnographic context of Attipatti and its relationships with the

female infanticide pattern. Table 8.1 shows the family composition by age, caste, number of children and sterilisation status of 16 mothers who were accused of committing either female infanticide and/or sex selective abortion, while Table 8.2 shows the same for another 16 mothers who were not accused. All these mothers fell into the age range of 23 to 45 years and hailed from all castes and tribes living in the village. The number of children in both sets of households varied from a minimum of one child to a maximum of four (averaged at 2.4 children per mother) that roughly corresponded to the ideal of small family norm that has recently come to characterise Attipatti, similar to most parts of contemporary rural Tamil Nadu.

One of the first things that I wish to point out is the social acceptability and caste dynamics of the practice in Attipatti. As Table 8.1 shows, I was able to locate mothers accused of committing female infanticide and/or sex selective abortion from all caste groups resident in the village – ranging from high caste Gounders to low caste Chakalis (SC). The next point of comparison is to note the higher number of children – mostly girls – born to the mothers accused of committing female infanticide than to mothers who were not accused of female infanticide, i.e. a total of 34 girls to 10 boys in the former set of mothers in comparison with a total of 22 girls to 12 boys to the latter set. If we look at the child composition of each of these mothers comparatively from the Table 8.1 and 8.2, it would emerge that more daughters were born of ‘higher order births’ to mothers accused of female infanticide than to the mothers *not* accused of female infanticide. This would logically suggest that mothers involved in female infanticide and sex selective abortion would contribute more female children towards the sexual composition of a given population than the mothers who were not involved in these practices. There is a contradiction here that I want to draw attention to through two basic inferences made from a consideration of these mother’s fertility patterns.

**Table 8.1: Family composition of mothers (accused of female infanticide and/or sex selective abortion) by Age, Caste, and Sterilisation, 2005**

Number	Age	Caste	Total Children	Sons	Daughters	Sterilised (Y/N)
Mother 1	31	Vanniyar (MBC)	2	1	1	Yes
Mother 2	23	Gounder (BC)	3	0	3	No
Mother 3	32	Malaywali (ST)	2	0	2	Yes
Mother 4	29	Vanniyar (MBC)	3	1	2	Yes
Mother 5	40	Malaywali (ST)	3	1	2	Yes
Mother 6	29	Malaywali (ST)	2	0	2	No
Mother 7	26	Vanniyar (MBC)	4	1	3	Yes
Mother 8	31	Koravar (MBC)	4	2	2	Yes
Mother 9	28	Malaywali (ST)	3	1	2	Yes
Mother 10	30	Lambadi (BC)	3	1	2	Yes
Mother 11	31	Vanniyar (MBC)	2	0	2	Yes
Mother 12	28	Malaywali (ST)	3	0	3	No
Mother 13	25	Malaywali (ST)	2	1	1	No
Mother 14	25	Gounder (BC)	1	0	1	Yes
Mother 15	30	Chakali (SC)	4	0	4	Yes
Mother 16	23	Lambadi (BC)	3	1	2	Yes
<b>Total</b>			<b>44</b>	<b>10</b>	<b>34</b>	

*Source: Individual interviews 2004-05*

**Table 8.2: Family composition of mothers (NEITHER accused of female infanticide NOR of sex selective abortion) by Age, Caste, and Sterilisation, 2005**

Number	Age	Caste	Total Children	Sons	Daughters	Sterilised (Y/N)
Mother 1	25	Vanniyar (MBC)	3	1	2	Yes
Mother 2	45	Vanniyar (MBC)	2	0	2	No
Mother 3	37	Lambadi (MBC)	2	2	0	Yes
Mother 4	22	Lambadi (MBC)	2	1	1	Yes
Mother 5	27	Lambadi (MBC)	2	2	0	Yes
Mother 6	30	Vanniyar (MBC)	3	1	2	Yes
Mother 7	32	Chakali (SC)	3	1	2	Yes
Mother 8	35	Vanniyar (MBC)	2	1	1	Yes
Mother 9	29	Malaywali (ST)	1	1	0	Yes
Mother 10	30	Lambadi (BC)	2	0	2	Yes
Mother 11	30	Lambadi (MBC)	2	0	2	Yes
Mother 12	27	Gounder (MBC)	2	0	2	Yes
Mother 13	27	Vanniyar (MBC)	2	2	0	Yes
Mother 14	23	Vanniyar (MBC)	2	0	2	Yes
Mother 15	19	Malaywali (ST)	2	0	2	Yes
Mother 16	31	Gounder (BC)	2	0	2	Yes
<b>Total</b>			<b>34</b>	<b>12</b>	<b>22</b>	

*Source: Individual interviews 2004-05*



## 8. 2. a. Higher-Order Births among Female Infanticide Mothers

Table 8.1 and 8.2 suggests that the average fertility remains relatively high, with ‘higher-order birth’ of daughters, among those mothers who were accused of committing female infanticide and/or sex selective abortions than those mothers who were not accused likewise. This would suggest that those mothers who were not accused likewise exhibited a ‘lower-order birth’. The patterns of these lower-order births involve either a son being born first followed by the birth of a daughter and vice-versa or the birth of only son/s. Consequently, mothers with lower-order births are outside the ambit of a discussion on female infanticide or sex selective abortion. Given this fertility ambit, it would appear that mothers with one or more daughters are more likely to commit female infanticide and/or sex selective abortion than those who do not have any.

This pattern of female infanticide has been recognised not only by NGOs, government, and academic representations (Srinivasan, 1992: 84-84; Chunkath & Athreya, 1997) but also by press reports and creative media projections (Natarajan, 1997: 23) My data too shows what has been commonly understood and represented in the public debates on the demographic aspect of the practice. Among others, *Karuthamma* – a hugely acclaimed Tamil motion picture made on female infanticide in 1993 – reinforced this pattern; the protagonist named *Karuthamma* was shown to be born among the five daughters in a family (with no son), with two of them killed at birth, leaving the other three daughters alive. Therefore, it was the fertility pattern of mothers in terms of higher-order births that earlier (during the late 1980s and the early 1990s) had predominated in the NGO discourse on female infanticide in Tamil Nadu and gave currency to the term ‘high risk’ in identifying potential victims of female infanticide (see Chapter Six). The same has now come to be incorporated in the government-official’s discourse as well. As noted in the introduction of Chapter Five, the Family Welfare Programme of the Directorate of Family Welfare explicitly calls for the need to avoid ‘higher order births’ in order to prevent female infanticide and sex selective abortion. However, the term high risk, which in the beginning was mainly used for identifying mothers with ‘higher order births’, has now been extended to include mothers who have given birth to at least one daughter. This has

allowed NGO fieldworkers and health workers to monitor and supervise the pregnancies of all such mothers who gave birth to at least one daughter, irrespective of their birth orders. In other words, by mitigating the erstwhile difference between a potential infanticidal mother and a non-infanticidal mother in terms of higher and lower-order births respectively, the NGO and Government in Tamil Nadu have fallen for the liberal-democratic project of welfare, empowerment, and development in the post-colony where its limits have not yet been reached (Sunder Rajan, 2003). An extended usage of the term ‘high risk’ to mothers with one daughter – and thereby to the whole population with daughters – not only exhibited the epistemological nature of state and non-state actors’ ‘conduct of conduct’ (Foucault, 1991) in attempting to intervene in women’s reproductive and sexual practices, but also created contradictory effects in terms of empowering mothers and daughters, as elucidated ethnographically throughout the Chapters Five, Six, and Seven. However, as I have argued in Chapter Five, such a project of welfare and development is not without the risk of reclaiming the post-colonial state for an explicit agenda and discourse of a ‘civilising mission’. I will revisit this argument in the conclusion of this thesis.

## **8. 2. b. More Female than Male Children among Female Infanticide Mothers**

My second line of inference relates to the existing debate on the relationship between the child sex ratio, female infanticide and sex selective abortion in India. Based on the preceding discussion on higher order births, a higher proportion of girls than boys born to mothers accused of committing female infanticide and/or sex selective abortion (34 girls to 10 boys from Table 8.1) is not surprising. It seems logical to argue that those families which are involved in either of these two practices would have already produced more daughters than ideally required in the family. This would inevitably suggest that the ‘female to male’ (child) sex ratio among the mothers and the household involved in female infanticide and sex selective abortion must be higher. This possibility raises a serious concern for demographers, social scientists, NGOs and the government officials. On the one hand, they consider practices of female infanticide and sex selective abortion as a higher order birth

phenomenon, and on the other hand, regard the practice as contributing to a decline in sex ratio of the population – a contradiction that is hitherto rarely highlighted. Virtually, all existing analyses of female infanticide, and more so of sex selective abortion, take a decline in sex ratio as an indicator of the prevalence of these social practices. How we might then account for the decline in child sex ratio in India and elsewhere? I will first provide the general terms and rhetoric of the wider discussions around sex ratio, and in particular around child sex ratio in India and then suggest the possible alternative explanations for a decline in child sex ratio.

### **8. 2. c. Female Infanticide, Sex Selective Abortion, and Sex Ratio Debate in India**

The present day debate on ‘sex ratio’ in India has had its roots in the late nineteenth century British colonial efforts towards eradicating female infanticide. In the aftermath of the Female Infanticide Act VIII of 1870, British officials assumed that once male to female sex ratios were normalised, female infanticide would be eliminated. It was in this context that a special census was undertaken after the Act VIII of 1870, in which attempts were made to collect information of the sex ratio of all male and female infants born since 1857, especially those under the age of one year. It was hoped that the sex ratio figures would not only assist in prosecuting those found guilty of the practice by the anti-infanticide squad, but also would stigmatise the clans concerned and force them to abandon female infanticide. By the end of the nineteenth century, British officials asserted that the practice had ceased, based on the special census carried out between 1888 and 1889 in the north-western parts of India. By 1912, the Act was repealed (see Kasturi, 2004: 117-140). However, sex ratio figures have continued to remain disparate and have been declining ever since 1901.

In the post-colonial discussions, however, there has been a shift in focus on the analysis of the declining sex ratio. In the early phase of its analyses in the post-Independent India, demographers and other social scientists tried to explain a decline in the sex ratio in terms of the ‘invisibility of females’, i.e. in the issue of

undercounting (Visaria, 1961; Miller, 1981). Others focused on the effects of 'rural-urban migration' (Kundu & Sahu, 1991), along with a supposed 'biological propensity' of Indian women to procreate more males than females than elsewhere in the world (see Agnihotri, 2000 for a detailed discussion on these factors among many others). Following the publication of the Census 2001, these explanations have been largely discredited, and demographers now focus on female infanticide and sex selective abortions as contributing to the decline in the child sex ratio.

There is no disputing the fact that the 2001 Census observed a sharp decline in 'child (0-6 age group) sex ratio' across India. It has also come to be established that there is persistent daughter disadvantage in Indian society (Sudha & Rajan, 2003). However, analysts of the 2001 Census results consistently asserted that an 18-point decline in child sex ratio (from 945 males per 1,000 in 1991 to 927 in 2001) is most strongly linked with sex selective abortions and female infanticide – not only in the popular press, for example, *The Times of India* (Editorial, 2003), *The Hindu* (Parsai, 2003), and *Financial Express* (Mohan, 2003) but also among demographers and social scientists (see Agnihotri, 2003; Sudha & Rajan, 2003; Premi, 2001; Patel, 2002; UNFPA, 2003). On the other hand, a 17-point decline in child sex ratio in 1991 was rarely noticed and discussed by the demographers except a brief reference now and then (Mazumdar, 1994; Agnihotri, 2000). The urgency with which the decline (18 points) in child sex ratio after the publication of the 2001 Census results is viewed and approached in the context of sex selective abortion and female infanticide seems to preclude measured discussion. After all, during the 1950s and 1960s when all states in India including Kerala, with the exception of some north-eastern states, witnessed a decline in sex ratio (Census 1961 and 1971) there were no sex selective abortions, and accounts of female infanticide were rare and they suggested that the practice was largely caste and region specific. Why should some of the factors that applied then not also apply now? Further research on the subject is warranted to take cognizance of these questions.

Relatively recently, scholars like Basu (1999) and Visaria (1995) have denied the impact of female infanticide and sex selective abortion on sex ratio differences. Even

Drèze and Sen (2002) have argued that the reasons for sex ratio differentials lie in age groups beyond that of female infanticide. Demographers have yet to estimate how many cases of sex selective abortions and infanticide have to take place in a decade in order to alter the sex composition of the child population to the extent observed in this period. Precisely speaking, doubt as to the extent that female infanticide and sex selective abortions are responsible for the child sex ratio decline has acquired a crucial significance in India. In short, the claim that the decline in child sex ratios, over the years, in many parts of contemporary India are caused by female infanticide and sex selective abortions needs some questioning.

#### **8. 2. d. Revisiting the Debate from Micro**

Having noted some of gaps in the larger debate on sex ratio, I reiterate that the female to male sex ratio would be higher (positive) among mothers/families involved in female infanticide and/or sex selective abortion. This inevitably raises a problem with regard to a hypothetical relationship between the sex ratio decline and female infanticide and sex selective abortion as the latter did not appear to contribute alone to the lower proportion of girls than boys even in a population where these practices are somewhat visible.

I will situate this contradiction further in the context of Attipatti's population dynamics. According to the Census of India 2001 results, there were 1,741 households in Attipatti inhabited by 6,157 people amongst whom there were 3,245 males and 2,912 females. The sex ratio of Attipatti was thus calculated at 897 females per 1000 males. With regard to the 0-6 age population break down, the Census data revealed 369 boys as opposed to only 253 girls, giving a child sex ratio of 686 females per 1000 males. To an analyst of the sex ratio, Attipatti would, therefore, appear as a village with one of the lowest child sex ratios and this may well help him/her declare it as a female infanticide practising village. However, I shall suggest that this could be purely co-incidental, and the claim needs to be deconstructed for a number of reasons. First, the validity of a sex ratio calculated from such a small population base (of fewer than 1000 children) is in question. The

concern for validity with regard to child sex ratio calculations from small datasets has been admitted, along with a call to look for much larger datasets, by CASSA – an umbrella NGO of a campaign against declining child sex ratio and sex selective abortions in Tamil Nadu (explicitly expressed by CASSA activists including its Coordinator, Phavalam, in an NGO Workshop at Salem in January 2005). Second, to allow for the deficit of over 100 females in the 0-6 population in Attipatti (from 369 boys and 253 girls), we would need an equal number of cases of female infanticide and sex selective abortion that would have taken place – if at all – between 1996-2001, (the years preceding the 2001 Census data). When I presented this possibility to WCWC director, its fieldworkers, and some concerned government officials in the district to fetch their reaction on Attipatti, all of them unequivocally denied by suggesting neither female infanticide nor sex selective abortion could have been so widely prevalent in the village. Moreover, my year long intensive interaction with the villagers, the NGO and the VHN yielded me a total of only 32 families involved in female infanticide over the previous decade – a figure considered too large by NGO fieldworkers themselves. Third, with female infanticide as most likely to affect the sex ratio at birth, and sex selective abortion at conception, the deficit of females in the 0-6 age group sex ratio probably owes an explanation in the ‘excess female mortality’ of infants (0-1 age) and children (0-6 age) as a result of fatal neglect leading to their death. Some data on this variable can help explain the deficit in female population of the said age group.

Alternatively, a lesser number of girl children being born in Attipatti needs an explanation in terms of the effects of a reduced fertility pattern of its inhabitants in the context of a small family size with some son preference. Lately, there has been some explanation around son preference and the tendency of women or couples to stop childbearing selectively after giving birth to a son or two, a phenomenon referred to in demographic terms as ‘stopping behaviour’ of the couple. This particular phenomenon has been shown to have some consequences, in particular, for the sex ratio of the last-born children in the context of Nepal where some decline in the sex ratio has been noted but the accounts of female infanticide and sex selective abortion were considered rare (Leone *et al.*, 2003). In this regard, it is worth recalling

some statistics from Chapter Two on the status of 218 couples (constituting about 22% of the dataset) who underwent sterilisation at Mettur Government Hospital in one year without giving birth to a single daughter as against 89 couples (about 9%) who stopped reproducing likewise without giving birth to a single son. This would suggest that out of all sterilised couples, 22 per cent of couples with only sons were the primary contributors of a low child female to male ratio than the 9 per cent couples with only daughters which were too small a number to counter the effect generated by the former. However, this dataset only refers to couples or families who were being sterilised at a government hospital. We have no idea about families that are *not* stopping with sterilisation or rather using temporary methods of contraception. Thus, an opposite argument is also feasible that the sex ratio should remain unaffected by families who stop childbearing at one or two sons as long as those who have one or two daughters do not kill/allow them to die young or abort female foetuses. What then explains the decline in sex ratios remains an unanswered phenomenon. It is quite likely that the sex ratio decline has been caused by 'excess female child mortality' and 'stopping behaviour' of the couple in a 'reduced fertility regime', as witnessed recently in Tamil Nadu and elsewhere in India, in concert with practices of female infanticide and sex selective abortion. Hence, the use of any single variable in explaining the decline in sex ratio is not without problems and a politics of representation. We need to take cognizance of the heterogeneity of the 'environment' under which individuals relate themselves as members of different castes, classes, ethnic groups, occupational groups, regional subcultures; total society statistics or generalization about the sex ratio tells us nothing about the human ability to vary the sex ratio, whether through physiological or cultural means (Dickemann, 1984: 434). There seems to be something more than sex selective abortion and female infanticide present that requires fresh attention from demographers and social scientists in the light of concerns that I have raised here. Let me now give voice to some of the mothers who figured in the above tables.

### 8. 3. Unravelling the Personal Histories: Individual Accounts

The following discussion took place in May 2005, with a young mother who admitted having aborted a female foetus, a few years ago. The discussion was written up the same evening with the help of notes that Viji and I took during the talk. We followed this method for all discussions, talk, and stories that I present in this Chapter unless otherwise indicated. Below is only an excerpt of the long discussion that lasted over three hours. In response to our question on puberty and marriage experience, 24-years old Valarmathi, a Vanniyar mother, said:

**Valarmathi:** I got married at 16 – a year after my puberty ceremony. He was a non-relative. The marriage was materialised after the matching of my *kurippu* [female horoscope] with 19 names [prospective bridegrooms] by our *Jathagakarar* [astrologer]. My parents were happy as there was no demand for dowry from the bridegroom's side. Yet my parents gave three sovereigns of gold in my marriage. My husband added a half sovereign [of gold]. They [parents] already spent much money in bringing my *seer* [ritual gift] during puberty ceremony because I had no *Tai-mamma* [who is culturally expected to fulfil this obligation and bears its expenses]. About five months after my wedding, I conceived my first child and I gave birth to a daughter...she is now seven years old [pointing to her daughter who was busy cleaning the house]. The second daughter was born at Erode government hospital three years ago...she is very sickly....my husband has taken her to a doctor in the town. After her birth, I underwent operation [for family planning].

**Viji:** Did you not desire the birth of a son like most others in the village? Or are you content with your two-daughter family?

**Valarmathi:** *Kandippa* [of course]! Who does not want a son? Life with daughters is so terrible. Unless she gets a good *seer* [meaning ritual gift but it suggests 'dowry' as gift here] she would not get a decent life. Suppose, her husband does *kodumai* [act of harassment], she has to return back to her parent's house only to bring more troubles and shame for the family. But with son, there is no such thing. Son can play and go all around, even during night time, unlike daughter. A daughter is a constant source of worry for parents. Now things have changed. Even school is not safe these days. A school teacher ran away with a girl student few years ago. How can parents send their daughters to such schools? That is why people think that educating daughters up to 10<sup>th</sup> standard is sufficient as she must stay



in the hostel if she goes out to town to study for the 12<sup>th</sup> standard. You should know better [than I do].....the stories about hostel life for girls. They become corrupt there. That is why people don't approve 'further' education for girls. If a daughter does not study further, how can you expect to give her lesser dowry?

**SP:** And why do people attach so much importance to sons?

**Valarmathi:** Sons always stay with *Amma-Appa* [parents]. Daughters have to go to their in-laws house after marriage. Sons take care of them when they fall sick, when they need food. We need a son for performing *kolli* [funeral rites]. There has to be a son in the family. You don't need to worry about clothing him. A single piece of cloth will do for sons. They require much less than a daughter does. There is very low expense on a son's marriage. But with daughters these things are important.

**Viji:** If a son is so important in your view, why did not you wait for the birth of a son? Why did you undergo operation? Who advised you to do so?

**Valarmathi:** Nobody advised. There are many people here who underwent operation with one or two daughters. I am not the only one.

**Viji:** *Akka* [elder sister]....did you not 'use anything' for [family planning]?<sup>70</sup>

**Valarmathi:** No, I did not.

**Viji:** Why do people undergo operation, why do not they use modern techniques of temporary birth control like *Anurai* [condom] or *Loop* [Copper-T].....?

**Valarmathi:** Many women in the past tried using Copper-T but it is not useful. Those who have used it earlier tell stories about its failure in protecting from unwanted pregnancies and its side-effects like cramping and heavy menstrual bleeding. Also, you have to keep going to the Doctor. So nobody uses it these days. Men feel shy in using *Anurai*. Women do not like it either [said giggling].

**Viji:** There must be many *unwanted* pregnancies in the village then?

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<sup>70</sup> To 'use anything' is a generic term among young mothers with regard to the use of temporary birth control methods like IUDs and Condoms etc.

**Valarmathi:** *Aama* [yes]! Everyone [women] has to experience one or more pregnancy by 'mistake'. That is why there is lots of abortion here.

**Viji:** Did you also.....?

**Valarmathi:** [with a pause] .....only one.

**Viji:** Was it painful and distressing? How and why did it happen and what happened afterwards?

At this point, *Valarmathi* hesitantly looked at me and then looked at Viji inquisitively.

**Viji:** Don't worry *Akka*! He does not understand much of Tamil language, which is why I am assisting him. But he wants to understand the problems that women in this village face today. If you do not want him to listen to you, I can ask him to leave us.

**Valarmathi:** No Viji, I was just thinking of my husband and his bad-mannered behaviour of which I am scared. He would not let me talk if he was around. But I don't care. Let your sir be here. He is a good man. Everybody likes him here.

**Viji:** Ok! Can you then talk about it?

**Valarmathi:** Viji, I do not wish to lie to you but do not discuss it with others. I have aborted that pregnancy because it was a female child. That was a year after my first daughter's birth. I became aware of my pregnancy only in the second month due to my then irregular [menstrual] period. I told my husband who was very happy and told me that it is going to be a son. When my mother-in-law found it out, she called me at Erode to undergo 'scan' [ultrasound], where she knew a lady doctor. It was a female foetus. I was in the early fourth month [of pregnancy]. My husband did not say a single word, became indifferent, stopped talking to me, and went away to Karnataka for his [lorry-driver's] job. I went back to my mother's house. I tried to abort it there by eating papaya, pineapple, and the mustard seed. But it did not fall. Then, my mother-in-law sent for me a '*mathirai*' [tablet] which worked. But it was very painful for me. When my husband returned I told him all about it, but he did not say anything again. He remained angry with me. Then we took our first daughter to a *Jathagakarar* [astrologer] to confirm if I ever will give birth to a son. He said that there is no son in our *jathagam* [horoscope]. So after the next daughter's delivery, I underwent operation.

We see from the above discussion how complicated and multi-layered the individual act of sex selective abortion is. The decision to undergo such an abortion is embedded in a complex web of reproductive processes like fertility pattern, abortion, marriage, dowry, and culture, besides involving individual actors such as parents, husband, the mother-in-law and the astrologer. Besides highlighting a number of issues around the individual act of sex selective abortion, the above discussion is presented here as a pointer of a somewhat consistent format in which most discussions on sex selective abortion and female infanticide took place. This format of a sympathetic understanding, however, does not suggest that all mothers I talked to admitted killing a girl baby or aborting a female foetus. On the contrary, most mothers in my interviews refrained from saying anything about killing a baby or aborting a foetus themselves; if they talked, they mostly talked about it with a reference to *other's* acts. In this regard, *Valarmathi's* disclosure acquires a central space in my narratives of these mothers not only because she was much more conscious of her action than others but also because she chose voluntarily to tell the story unlike so many other mothers who apparently distanced themselves from the act. Again unlike most other mothers, she was in a position not only to provide a detailed account of what happened at that point of time but also to reflect back on several issues concerning her decision to abort a female foetus. Let me continue the story.

**Viji:** *Akka* that was a very sad story. I will pray to God that no one has to go through all this. But tell me how common it is for mothers to undergo such kind of abortions.

**Valarmathi:** Not everybody has to go through what I underwent. Only unlucky ones like me undergo this. Those who get son in their first delivery do not even bother about the [sex of] next child. But those who have only daughters are in difficult situation. The society expects us to beget a son at any cost. How can we? We are not *Swami* [God].

**Viji:** Do people rely on any *naattu vaithayam* [indigenous medicine] for predicting the sex of the baby?

**Valarmathi:** Yes, they are many. The use of *korai*<sup>71</sup> [nut grass] is most common. When you split it into two parts, and if you get a third stem in the middle of it, it means that a son is going to be born. We used *korai* in our school days to guess the result of our exams. Nowadays, people do not give much importance to such things. If you do 'scan', that is more reliable. *Jathagam* [horoscope] is another method but it does not correctly predict all the time.

**Viji:** Do people also use *naattu vaithayam* for abortion?

**Valarmathi:** Yes, don't you know, you can do abortion by eating papaya, pineapple, raw mustard seed, or by eating *thinai sour* [a paste made out of Ragi and sugar] empty stomach. Some people also use *mathirai* [tablet] these days.

**Viji:** Do women talk about these issues [of abortion] among themselves?

**Valarmathi:** Oh yes, most women do. There are some families which have got only daughters and they have frequently done 'scan' and abortion. I also know people from other villages who have done *kuzhi-pappa* [a euphemism for female infanticide]. But nobody does that here. People used to do that *antha kalaitale* [in that age]. There were more cases of *kuzhi-pappa* 10 years ago than it is now. I know many families who do not have sons but only daughters.

[From field notes: Attipatti, May 06, 2005]

Sumathi, 31 years old, was one such Dalit mother who was accused of committing female infanticide a few years ago. She lived in a wretched house made of mud and thatch along with her husband and four daughters on the outskirts of the village. She worked as a *coolie* (agricultural labourer) as her husband did. She once was associated with the *Sangha* (WCWC-led SHG) in the village. She later disassociated herself from the *Sangha* activities, in particular, after being compelled by them to undergo sterilisation following the birth of her last daughter. When we approached her for an interview in late March 2005, she outright asked whether we came to 'inquire' about the death of her child like many people (from places like Madurai and Chennai) before us did. We refrained from any talk in the first meeting but kept on

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<sup>71</sup> *Korai* is a pestiferous perennial weed with dark green stem that has an elaborate underground system of rhizomes, tubers, and roots. Botanically named as *cyperus rotundus*, the plant is found throughout India, and is locally known by different names (for more details, see Acharya *et al.*, 2006).

making a number of 'friendly' visits to convince her that we did not come 'exclusively' to interview her on female infanticide. We, therefore, initially talked a great deal on her life, its problems, her aspirations, cultural behaviour, and customs and so on. It was in a much later meeting when we came to talk about her reproductive journey that she spoke on the following issues without much hesitation.

**Sumathi:** After the second daughter's birth, I developed health complications. My body lacked salt [iron deficiency] with [high] blood pressure. As a result, the third delivery was 'ruined'. A premature baby was born [we could not confirm the sex of the baby]. The doctor said that my body muscle was spoiled as well. I had then no money to undergo treatment. They said that it would cost a lot. The next delivery was 'ruined' for the same reason. My husband then borrowed some money and I took intensive treatment of my health at a private clinic in the city. After that, two more daughters were born. I spent over Rs.10, 000 for all of this. When I was about to give birth to my last daughter, *Sangha* people came to see me at Erode government hospital. They forced me to undergo family planning [operation] after this delivery. In the beginning, I resisted doing so. But when another daughter was born, my husband and doctor also insisted for it. So three days later, I underwent 'operation'.

**SP:** What about your husband? Does he not like sons much?

**Sumathi:** He does like sons, but he does not give as much importance to having a son as I do. After our first two daughters, he advised me to go for operation as he was of the view that two daughters were more than enough. My *Jathagakarar* though told me that I will have a son one day. So, at every pregnancy, I thought that a son was going to born. Then I thought....after how many more daughters, I would beget a son? So I decided to stop giving birth. I told myself that I must have done some *pavam* [sin] in my past life for which my *Kadavul* [god] has punished me. I now think that it was *tappu* [wrong] to give birth to so many daughters for the sake of a son.

**Viji:** *Akka*, why do you regret so much? After all, it is not in our hands to decide whether a son or a daughter should be born.

**Sumathi:** I know that, Viji. But how should I explain to my neighbours and relatives. They think that a son must be there. They often make fun of me by asking: who will put *kolli* for us, who will protect my daughters from *kan-drishti* [casting an evil eyes/evil gaze/jealousy] and *kodumai* [act of harassment]? When I say that my daughters will do *kolli* [funeral rites] for us, they laugh at me and say

‘from where your grand-daughters will fetch a *Tai-Mama* for their *seer*’. They ask: ‘what if my daughters get bad husbands’? ‘Will they not beat me’? ‘Would not my daughters ask why I gave birth to them when I do not have any *vasathi*’? All this makes me regret why I underwent operation. I should have waited until the birth of a son.

**Viji:** Why do you think so? Daughters are doing great jobs these days. Look at me, my *Amma-Appa* have got four daughters too. I am still studying and earning. I do not ask for any money from them.

**Sumathi:** Viji, you live in big cities. Here, people do not give value to daughters. Although daughters are much more affectionate than sons, they have to leave us in the end. They would go to other’s house. She would then need her husband’s permission to visit us. And then the husband would demand dowry. If we do not give handsome dowry, her life would be difficult. How can we give handsome dowry, we are poor people. Daughters need dressing and jewellery all the time.

**SP:** Does that mean that people do not want daughters at all to be born?

**Sumathi:** No, it is not like that. One daughter is good for *decoration* [used in English] of the house. But there has to be a son, *kandippa* [definitely]. If a son is born first, then people can limit the number of daughters.

**SP:** What if two sons are born first? Do people stop giving birth?

**Sumathi:** Very few. Most people also want at least one daughter in the family. They can help in household chores.....are more sensitive and caring than sons.

**Viji:** Why did not you stop at first two daughter’s birth and apply for the Jayalalitha scheme for two daughters [i.e. GCPS]? Did you not know about it?

**Sumathi:** I was such a fool not to have known about it then. If I had known it then, I would have gone for it. I know some people have got the *pano* [money] for two daughters in this village. Some also surrendered their daughters to the Cradle [CBS].

**Viji:** Had you ever thought of giving away any of your daughters to the Cradle?

**Sumathi:** Some people had advised me to *surrender* [used in English] my fourth daughter to the Cradle. How could have I? I nurtured my child in my womb for nine months. How can I just leave her for others to take? I know that some people think that I killed my daughter. That is wrong. The *Sangha* people got wrong information about me. I think that is why they came to see me at Erode government hospital thinking that I might kill my daughter. They think that I am the only one to have so many children, which is why they got suspicious of me. But why should I hide if I had killed my child?

[From field notes: Attipatti, May 05, 2005]

Thus, there is no single reason or a uniform social context around a women's life in which general assumptions about female infanticide can be made. Individual mothers had their individual circumstances in which female infanticide or sex selective abortion appeared as probable. Nonetheless, looking at these two narratives one can ascribe a number of reasons and motives for committing female infanticide and sex selective abortion.<sup>72</sup> In this thesis, I have broadly translated these reasons into social and economic pressures to beget at least one son within a small family size (discussed in detail in Chapter Two on fertility decline) and actual and perceived expenditures incurred on rearing a girl child including the cost of various reproductive ceremonies (discussed in Chapter Three on women's reproductive practices). These two are in addition to differential cultural and material values and beliefs attached to the birth of a son and a daughter in the family. All these, I argue, lead to discourses around primary preference for sons and secondary ones for daughters in Attipatti, for which I have provided some ethnographic evidence in Chapter Two.

## 8. 4. Ethnography of Vocabularies of Motives

Investigating the practice in the late 1980s, an American journalist described the difficulties of her journalistic attempts in studying female infanticide in Tamil Nadu

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<sup>72</sup> Although the underlying reasons for both female infanticide and sex selective abortion stand neutral, yet there are differences in the two. For example, these two narratives, among others, somewhat reinforce the popular notion that female infanticide households are generally poor, belong to lower caste, and reside in the remote and outskirts of the village (see George *et al.*, 1992) as opposed to households involved in the practice of sex selective abortion who are fairly well off, belong to upwardly mobile caste and reside in the centre of the village, if not living in urban areas (see Khanna, 1997).

because of 'sensitivity' of the subject (Bumiller, 1990). A decade later, a Tamil development consultant reported that while there was a predictable grief among the mothers of victims of infanticide in Tamil Nadu, there was also 'a marked absence of guilt' (Negi, 1997: 19-20). During 2004-05, I found myself doing fieldwork with women who were in a constant state of 'fear' – the fear of being caught and prosecuted by the government and NGO fieldworkers. Consider the following discussion:

**Vanniyar woman 3:** Nowadays, people do not hate daughters as much as they used to earlier. There was more [cases of] *kuzhi-pappa* 10 years ago. But now *rules and regulations* [implying government and NGO punitive action] have come to the village, so people do not kill.

**Vanniyar woman 5:** Yes, no body commits female infanticide these days because the *Sangha* [i.e. WCWC] has brought *rules and regulation*. If you kill, the police will come and arrest you and you spend your life in jail.

**Vanniyar woman 1:** But that is not *good* either. Suppose if anyone killed their child, why should government punish them? If they can give birth, they can kill as well. If the government can not give *vasathi*, why should they send them to jail?

**Vanniyar woman 3:** No one is doing *kuzhi-pappa* these days. People from...caste [SC] only did it earlier. There is no female infanticide now.

[From field notes: Attipatti, August 11, 2005]

These responses came from a few mothers from one particular caste I gathered one afternoon in August 2005, for a discussion on government and NGO initiated actions on the above stated issues. How could one best comprehend these responses and best represent these mothers? As mere mechanical and passive beings, who can only be counted in numbers with no agency of their own or as active, manipulative and interpretive individuals capable of taking decisions in the light of their changing circumstances? Certainly, these women do not seem to be the blind inheritors of cultural ethos in the sense in which we can brand them as 'cultural dopes' (Garfinkel, 1984) and thus explain the universality of the practice. They do not seem to have



unquestioningly internalised the norms and ideas of society either. In other words, they do not appear over-determined in terms of being likely to kill a daughter or abort a foetus now and then when confronted with a choice over sons and daughters. Rather, the meanings that these mothers attached to female infanticide are, in fact, mediated by both the structural processes of fertility decline and reproduction and the discourses of empowerment that the government and NGOs have so powerfully invoked. Some of the documented responses from a group discussion in August 2005 demonstrate this.

**Vanniyar woman 3:** Last year, a mother sold her newborn daughter to another family for five rupees only. The *Sangha* people came and inquired. It was big news and the *Sangha* director appeared on TV. Later, the [District] Collector visited the village and met with the mother and asked to take back the child. That was only one case in our village. But *Sangha* people claim that there are more families like hers. How can everybody sell their children for five rupees?

**Perumma's mother:** Some people find it difficult to nurture daughters with poor economic levels, so they give away their daughters to CBS.

**Vanniyar woman 3:** Only those who do not have any hearts give their babies to CBS. It is *tappu* [wrong]. How can anyone leave their children just like that? If they do not have *vasathi* [resource], why do they give birth at all?

**Vanniyar woman 4:** People should not give their children to CBS. Mothers should do operation instead.

**Vanniyar woman 1:** But I know a mother who gave away her child to Cradle. How could she do it? She has no *Tai-pasam* [maternal affection].

**Vanniyar woman 3:** That is rare and happened long ago. Nobody gives away their female children as in many cases relatives and neighbours had come forward to ask the mother why she delivered a child if she couldn't rear her up. As a result, many families have kept the baby with them and undergone family planning. But these kinds of story now occur at towns and cities like Chennai.

[Reconstructed from FGD: Attipatti, August 14, 2005]

Exploring the holistic nature of these discussions and their meanings indicate that mothers gave their accounts in terms of individual as well as mixed reasons along with a diverse set of considerations for the mothers who are involved in female infanticide. Perhaps, as a result of these differences in individual circumstances, there were also differences in their explanations. This raises some concern with regard to the existing understanding on female infanticide in India. As against the docile representation of colonial mothers involved in female infanticide in the north-western parts of India, who arguably did not spare a single daughter in the family, the responses of Tamil mothers suggest altogether a different story. These mothers do not only appear to be responsive to a discussion on female infanticide but also they responded in myriad ways. It is probably this responsiveness of Tamil Mothers that in the past has led some scholars to suggest that we should contextualize the practice “within several value debates (which aspire to become systems) – of gender equality, reproductive freedom, the role of state control over private lives (ostensibly for the public good), medical responsibility and social justice” (Mazumdar, 1994: 1). However, this does not seem to reduce the complexity of the problem, but increases it by the inclusion of other dynamic social institutions, e.g. the changing family structure, marriage, law, culture, and the political construction of gender and public policies (Ibid). We have seen that the role of state in bringing development and prosperity in Tamil Nadu has resulted in the marginalization of women from their active productive economic roles increasing the perception of daughters as liabilities. The State’s direct attempts to curb female infanticide in Tamil Nadu have been met with scepticism on both theoretical and conceptual grounds (Sunder Rajan, 2003). How *do* we read into the responses of these mothers?

While listening to some of the responses of these mothers, a friend of mine commented on whether these mothers themselves are party to female infanticide in Tamil Nadu. Another colleague has suggested that by acting upon the practice and discourses of female infanticide, young mothers in Tamil Nadu are actively negotiating upon their already shrunken space within the family. The former comment reflects the perspective of a non-Tamil European mother, while the latter comes from a single female Tamil activist. The difficulty of resisting one’s social

location while representing such complex issues as female infanticide contribute to why I myself have not been able to decide on the right register of an answer to this question. Nonetheless, an attempt is made here to contextualise these discourses.

The diverse, complex and multiple responses by the mothers raise the issue of language and representation of female infanticide. Mills, among others, argued that we must approach the language of humans, “not by referring it to the prior elements or private states in individuals, but by observing its social function of coordinating diverse actions” (1940: 904). For him, “human actors do vocalise and impute motives to themselves and to others” (Ibid). These motives do not represent Wundtian notion of “external manifestation of subjective and deeper lying elements in individuals” (Ibid: 913) but represent socially constructed ideas and values, as he argued that “the differing reasons men give for their actions are not themselves without reasons” (Ibid: 904). His contention was for a ‘sociological theory of language’, in which the language and actions of humans would need to be socially situated and be understood as ‘vocabularies of motives’ (1940: 913). It is through addressing the different vocabularies as emerged through these explanations of motives that a great deal of ethnographic knowledge on female infanticide comes to the fore. I finally quote some mothers from a mixed caste-group discussion that took place in August 2005 in response to my curiosity on how and why some families explain the use of modern reproductive scanning techniques in concert with the indigenous knowledge for abortion and infanticide to limit the number of daughters born to them.

**Vanniyar woman:** It is neighbours who are responsible behind killing a baby. Suppose a mother gave birth to only daughters, they would taunt and ask her why not she gives birth to a son as well. Some others ask why you are still reproducing when you can’t give birth to a son. Why not then undergo operation? Under such circumstances, suppose you kill the next baby, they ask why did you kill.

**Lambadi woman:** When they need a son, how can they undergo operation without a son?

**Malaywali woman:** Nowadays young women like sons more than daughters. So they sometime kill their daughters. It is their decision, what can we do?

**Vanniyar woman:** My own daughter scolds me at times because her life is not satisfying. She asks me why I gave birth to her when I could not give her *vasathi*. At times, she suggests me that I should have done '*kuzhi-pappa*' at her birth [everybody laughing].

**Gounder woman:** If there is one daughter in the family, then there is no problem. But three or four....*rumba kashtama* [very difficult].....even for a *Panokkarar* [rich man].

**Vanniyar woman:** Women are not safe these days. They face much more problem than we did in our times. Dowry demand is increasing the problems in women's life.

**Malaywali woman;** That is why some people do *kuzhi-pappa*. But doing that is more risky now. That is why people do scan and abortion.

**Vanniyar woman:** Yes, if there is a son inside, people keep it. If there is a daughter, they clean the stomach.

**Gounder woman:** But sometimes doctors do not tell or tell the wrong sex of the baby.

**Vanniyar woman:** How can you know for sure until the baby is born [everybody laughing]?

**SC woman:** The proper scan can only be done in the 5<sup>th</sup> or 6<sup>th</sup> month.

**Gounder woman:** That is impossible [to have an abortion in the 5<sup>th</sup> or 6<sup>th</sup> month].

**Vanniyar woman:** No, that is wrong. You can do it through many *naattu vaithayam* [indigenous medicine].

**Malaywali woman:** The most common way is to heat the mustard seed, grind it, and mix it with water and drink it.

**Vanniyar woman:** There is also *karuppu-seeragam* [black syrup]....boil *ellu* [Gingili] with water overnight and drink it empty stomach in the morning....or just use papaya. They are easily available in local shops.

**Lambadi woman:** But that only works for less than two months old [foetus]. My cousin tried using *naattu vaithayam* herself and she had to be taken to hospital.

**Vanniyar woman:** That is why I say one child is enough. Be it a son or a daughter – how does it matter?

**Malaywali woman:** But everyone needs at least one son. Even if you have a daughter who is earning money, it will go to another house, not to ours. Son is real *varisu* [successor].

**Gounder woman:** In our time, there was no scan facility. We used *korai* and *jathagam*.

**Lambadi woman:** You can also tell by touching the side of [mother's] stomach. My mother-in-law rightly predicted the birth of a son.

**SC woman:** Likewise, a small bulging of the stomach suggests the birth of son while a big one suggests the birth of a daughter. People don't consider them seriously though.

**Gounder woman:** But the most common way is to use *korai* and *jathagam*. The chances are fifty-fifty.

**Malaywali woman:** If there is a daughter in the womb, mothers generally feel depression and more pain in the stomach.

[Reconstructed from FGD: Attipatti, August 14, 2005]

As opposed to the popular perception that female infanticide is a covert topic and thus any discussion on the topic might involve antagonistic responses, my ethnography shows that even in a village alleged of practicing female infanticide, it is possible to talk about these sensitive issues from the mother's perspective. I do not want to suggest that such discussions take place regularly among the mothers themselves. Rather, these discussions become inevitable to a discussion on women's reproductive practices. I argue that such an 'inevitability' of a discussion on female infanticide and sex selective abortion is most strongly linked with the everyday practices of NGO and government regulation on these issues. It would therefore suggest that knowledge on female infanticide and sex selective abortion is

intrinsically linked to the knowledge on abortion, sterilisation, family-making, sexuality, reproductive technologies, and so on – be it indigenous or otherwise. This can be seen through the responses of these mothers, which regard female infanticide and sex selective abortion as contemporary and modern practices, significantly guided by the notion of choice, constraint, social pressure, ideal family-size, and other instrumental logic such as dowry, social and economic burden of daughters, social insecurity and social pressures, poverty, cultural beliefs and customs and so on – all of which sometimes lead to differential preference for sons and daughters. These are some, among many others, of the explicit considerations that families and women make use of, when considering the ideals of small family norms. However, it is important to point out that only a few women resort to it in actual practice.

## **8. 5. Conclusion**

In this Chapter, I have raised the problematic of mother's response to female infanticide in terms of two arguments. First, a comparative look at the reproductive and fertility outcomes of 32 mothers helped me describe the nature of government and NGO intervention on female infanticide and sex selective abortion. The contradiction is highlighted in terms of the relationship between 'higher-order births' among infanticidal mothers and the government/NGO rhetoric of sex ratio decline. The two do not necessarily go together as a ground reality. As highlighted in the NGO responses to female infanticide, the problem of female infanticide and sex selective abortion has been increasingly formulated in terms of a rhetoric of sex ratio decline, followed by intervention programmes in areas demographically representing a lower proportion of female to male population. By masking the issue of female infanticide and sex selective abortion, the government and NGO in Tamil has been able to frame the practice of few as that of masses – a perfect example of governmentality regime. This inevitably problematises the government's understanding of female infanticide and sex selective abortion as an issue of demography alone (Sunder Rajan, 2003). I have argued in Chapter Five that at present government in Tami Nadu uses IMR as an index of success for female infanticide control. It is my fear that soon the government and NGOs might start using 'sex ratio' as an index of female infanticide eradication in order to remodel

their programme, quite akin to the British colonial governments (see also Visaria, 2008). Such an account of female infanticide also raises a new area of research inquiry for demographers and social scientists whereby they need to look into the pattern of 'fertility decline', 'stopping behaviour' of the couple and the incidences of female infanticide and sex selective abortion in order to explain a decline in the sex ratio.

Second, the mothers' responses on female infanticide and sex selective abortion are quite diverse, complex and full of multiple understandings. There is no one discourse on female infanticide, rather there are many. My ethnography showed that although the responses that various mothers produced on female infanticide were, by and large, an outcome of a 'regime of fear', these responses nonetheless exhibited 'vocabularies of motives'. These were identified as issues around fertility and reproduction, such as puberty, marriage, abortion, sterilisation, childbearing, dowry-practice, government and NGO incentives and disincentives around sons and daughters, social and community pressures, traditional and modern reproductive technologies and so on.<sup>73</sup> In a nutshell, I argued that the meanings that these mothers attached to female infanticide and sex selective abortion were mediated by both the structural processes of fertility decline and reproduction and the discourses of empowerment that the government and NGOs have so powerfully invoked.

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<sup>73</sup> By using the term of 'regime of fear', I did not exclude instances of resistance, aggression, and attempts to persuade their action to themselves and others, which nonetheless were important in effecting an understanding of these practices.

# CHAPTER NINE

## Summary and Conclusions

### 9. 1. Bringing the Thesis Together

The thesis began by asking how we might understand the social practice of bringing death before birth, a concern developed through the opening narrative on female infanticide and sex selective abortions in contemporary Tamil Nadu. What aspects of social norms with regard to fertility structure and reproduction have witnessed transition and changes and what have caused these changes? What has been the role of government and other institutions in preventing these deaths? The thesis sought to answer these questions by looking at the topic in several different ways. By elucidating the political-economic, feminist, and social constructionist approach within the anthropology of reproduction, the thesis specifically located itself within the anthropology of death. It then outlined the particular ethnographic context of Salem district in Tamil Nadu in which a fifteen months' fieldwork was carried out. Salem was chosen for a fieldwork inquiry mainly because of the shift in attention paid by the government, NGOs, media and social scientists on the subject. Within Salem, Attipatti, in particular, was chosen as the main fieldwork site for a sustained ethnographic inquiry on these issues. Attipatti, a multi-caste *Panchayat* village, has not only witnessed changes in fertility structure and women's reproductive practices, but also increasing attention by the local NGO and the district administrative officials in terms of intervention programmes on female infanticide and sex selective abortion. The rest of the description in the Introduction to this thesis unfolded the processes of acquiring the material, accessing the sites, the methodology, and a justification for the unusual organisation of the thesis. In the Chapters that followed, I presented a series of ethnographic vignettes in order to contextualise social, cultural, political, demographic and historical understanding of female infanticide and sex selective abortion in Tamil Nadu.



By introducing Attipatti at the outset, my goal was to situate fertility accounts by exploring the ideas and practices around family-making and sexuality norms. I established that fertility preferences have been changing in Attipatti, from a large family size to a small family size under the two-child norm in line with the over all demographic transition in Tamil Nadu. I argued that there was no single explanation as to why people resort or aspire to having a small family. Rather, there were mixed understandings with different pictures of a small family. The decision to limit family size with two or fewer children appeared to be a very conscious and political for most families in Attipatti, and yet the reasons for this shift varied considerably, from a consideration of health, economy, and political to development and newer ideas and practices around small family size, befitting different caste and class groups accordingly. Among the affluent and privileged lot in Attipatti, the adoption of smaller family size under the two-child norm was seen to be associated with the conscious consideration of reproductive health scenarios such as frequent abortions, sterilisation, and the ideas and images of modernisation and bio-medical practices, besides economic ones. Among low caste and low class couples, a two-child norm resulted from a sense of being relatively deprived or socially excluded and marginalised from the village social life. On the other hand, the decline in fertility among upwardly mobile caste was viewed as an effect of status-competition and conflict processes rather than consensus. In short, by using political-economic and cultural approach to fertility practices, the Chapter specifically linked some of the forces of fertility decline behind the introduction of newer values and practices around everyday reproductive practices of women. The thesis, therefore, moved on to show how the perceptions and the experiences of consumption around various ceremonies and practices around women's biological reproductive behaviour produce relative inequalities and social exclusion, not only for women, but for the families as well.

Using ethnographic materials on puberty ceremony, marrying young with inevitable dowry, changing marriage rules, the cost of becoming mother/childbearing, and unwanted pregnancies and frequent abortions, I showed that the consumption-

oriented reproductive journey that most young women in Attipatti are undertaking has the likelihood of institutionalising gender-inequalities in other spheres of life too. This is currently taking place across caste and class divide, albeit with significant differences. The celebration of these reproductive rituals and ceremonies primarily in economic terms and the increased manifestation of them as 'status-display' phenomena on the part of most families in Attipatti have led to viewing of women and their female progeny as 'economic burdens'. Furthermore, I classified women's reproductive practices into a sequence of life-cycle events around a pre-marriage, marriage and post-marriage experience. This has allowed me to extend the notion of dowry as a wedding gift, in kind or cash, given to daughters at the time of their marriage, to actual and perceived expenditures on various ceremonies around these life-cycle events. This exposition of dowry-practice has some implications for the very recent ruling of the Supreme Court of India with regard to existing anti-dowry law. On 31<sup>st</sup> January 2008, "the Supreme Court has ruled that demand for money and presents from the parents of a married girl at the time of birth of her child or for other ceremonies may be deprecable, but *cannot* be categorised as dowry to make it a punishable offence" (Mahapatra, 2008: emphasis added). The ruling came while acquitting the parents-in-laws of a woman who had accused them of harassing her for dowry. Even though the Dowry Prohibition Act of 1961 covers payment of money or articles during, before or after the marriage by the girl's parents to her in-laws, a Bench of the Court held that not 'all demands' from the parents-in-law could be categorised as 'dowry' under the Act; the cash and presents given had to have a link with the marriage to become objectionable in law (Mahapatra, 2008). Such an interpretation of 'demand' for dowry during, before or after the marriage has implications for women in societies where dowry-practice has already been institutionalised in the forms I explored in this Chapter and thus built into a social structure. Future research is warranted to take cognizance of its consequences for women in Indian society.

Viewed in this context of fertility and reproductive practices, it has become unimaginable for most families in Attipatti to have a daughter or two and yet refuse to pay dowries or celebrate their daughter's reproductive rituals as per the

contemporary social norms. Logically, it is the non-upwardly mobile families which fail to 'consume' these practices in economic terms for their daughters and, therefore, have been left out and instead acquired a feeling of relative deprivation where the worth of more than one daughter is under a consideration – in comparison with those families who have done so successfully. Hence, female infanticide and sex selective abortion are most likely to emerge as 'strategies of reproduction' among the families which have internalised the smaller family size norm, but have failed to celebrate the reproductive rituals of their daughters in the emergent social and economic forms.

Having established the social, cultural, demographic, and political-economic context of female infanticide and sex selective abortion, I related this to the colonial and post-colonial discussions of reproduction, family planning movement, female infanticide and sex selective abortion in India. My intention was two-fold. One was to highlight and restore the 'missing link' in the history of reproduction in India in terms of a separation and de-linking the ideas and practices around female infanticide in colonial and post-colonial set up. The other intention was to use these discussions as a basis to return to the particular ethnographic contexts of contemporary Tamil Nadu in order to explore various discourses by the government, the NGOs, and the community on the meaning and construction of these deaths. This, I hoped, would throw some lights on the ways in which these meanings and ideas were re-conceptualised and re-configured into a changing social, cultural, and political representation of birth.

Building upon a demographic social engineering and the discourses of overpopulation since early 1950s, the government in Tamil Nadu has launched, in the last two decades, a massive family planning campaign to counter the population growth in the state. The programme, one of the most politically visible and ostensibly successful public health campaigns in India, has arguably led to the drastic fertility decline in the state. To the government's dismay, however, the decline in fertility was also accompanied by the increasing evidence on the practice of female infanticide, and more recently, sex selective abortions. In Chapter Five I therefore,

discussed specific schemes, policies, and programmes adopted by the Tamil Nadu government in its response to female infanticide and sex selective abortion with some ethnographic examples of the everyday working of the programmes. By ethnographically studying the two such schemes – the CBS and the GCPS – I not only highlighted the inherent contradiction in terms of a particular understanding of the problem, but also elucidated the politics behind such interventions. Viewed through these schemes, the government in Tamil Nadu understands female infanticide as a result of ‘poverty’, uses ‘female IMR’ as an index of its success, and sees ‘family planning’ as the most important goal for its intervention programmes. On the other hand, extensive interactions with the mothers and the families during my fieldwork led me to view the widespread practice of female infanticide as strongly linked with the era of intensification of family planning and the small family norm, that arguably is the result of a broader Indian discourse on ‘overpopulation’ in the context of poverty and development (see Hodges, 2004). Ironically, the government’s understandings and its concurrent project does not help situate the problem of female infanticide and sex selective abortion in a social, cultural, and technological fix. Rather, a parallel is drawn in the Chapter in terms of presenting these practices as backward and barbaric as was done in the colonial-sociological diagnosis of female infanticide during nineteenth century India. This, I have argued, has implications for the notion of development and welfare in the context of emerging forms of governance – a point I will return to in the final analysis.

In Chapter Six I show how different were the NGOs and other collective action-based discourses on female infanticide. This was done by constructing a social history of NGO responses to female infanticide in Tamil Nadu and by subjecting six of them to the ethnographic context of Salem district. As against the government’s large scale social mobilisation at a macro-level, generating a collective and a relatively more structured understanding of female infanticide, I argued that most NGOs operate at micro-level with individualised and differentiated strategies producing diverse, complex and mixed responses to female infanticide. This gave rise to an understanding of the different forms of female infanticide that these different types of strategies produce. However, when it came to the ethnographic

context of one such NGO intervention (Chapter Seven), the interventionary nature of NGO action suggested no difference from that of government ones. Because all NGOs were required to work in tandem with government officials, their ideas, practices, and discourses of empowerment and development on issues like female infanticide and sex selective abortion were significantly influenced by the government's notion 'to govern'. They simply helped implement the government's ideas and practices at a grass root level. My ethnography shows the grass root under NGO intervention as rife with politicising effects such as labelling, stigmatisation, and resistance, along with everyday surveillance over the mother and the community. In particular, the NGO techniques of using social pressure, dramatisation, threats and incentives, persuasion and coercion, and putting the responsibility on the community, has led to the blurring of the boundaries between state (government) and non-state (NGO) actors, and in the process, led to a creation of tension between private and public spaces in the village social life.

Such blurring and the tensions were to be seen in Chapter Eight, where I discuss the diverse and complex mothers' responses on female infanticide and sex selective abortions, which are full of multiple understandings. These responses suggested that most mothers regarded both female infanticide and sex selective abortion as strategies of reproduction, which are themselves guided by the notion of choice, freedom, constraints, alternate ideals of family-size, social-economic rationalities, and other instrumental logics that most families employ when considering the ideals of a small family norm; however, only few resort to it in actual practices. These responses, I argued, not only exhibited a 'regime of fear' brought about as a result of combined art of governance by the NGO and the government, but also represented socially constructed ideas and values around the structural processes of fertility decline and the changes in women's reproductive practices in contemporary Tamil Nadu. More importantly, in this Chapter I highlighted the contradictory understandings that exist in the government and NGO attitude to female infanticide and sex selective abortion in the context of adverse sex ratio along with its implications for future research.

## 9. 2. Limitations and Future Research Areas

This thesis claims to have made a significant departure from previous anthropological studies on female infanticide by studying the practice in a wider geographical context within Tamil Nadu. However, the ethnographic materials explored in the thesis are necessarily limited to only a few selected districts in Tamil Nadu. I have made few generalisations. Even within these ethnographic locations, I could not adequately represent the voice of several other social actors on the practice – such as mothers from urban centres, gynaecologists, astrologers, media-persons, the male members of the household, and fieldworkers from other NGOs. Even though I have collected some material from some of these actors, I could not analyse their responses in detail in this thesis due to a strong focus given on government and NGO responses. However, I intend to use some of these unused materials for my next round of research in which I hope to combine these materials along with fresh materials from women in the Tamil Diaspora.

Furthermore, this study would have benefited further, if the initially proposed idea of doing a comparative ethnography in two villages, one each under NGO interventions on female infanticide and sex selective abortion respectively, was successfully conducted. As I have discussed elsewhere, the idea of doing a comparative ethnography had to be abandoned mid-way during the fieldwork following the non-cooperation by the local NGO in another village (Perwez, 2008). Similarly, a comparative ethnography with a district from north-western part of India, where the practice has relatively a long history, could help explain the differences as well as similarities in the practice. With regard to a history of female infanticide in Tamil Nadu, it would be worth looking at the historical and archival sources to explain the continuity or discontinuity of the practice – an area of inquiry that I have not undertaken in this thesis but that is strongly indicated as a future area of research, along with other highlighted areas.

### 9. 3. A Short Re-Visit to the Ethnographic Presentation

Are there other ways to subject the ethnographic material presented in this thesis to a much more rigorous and deeper analysis? I wish to bring this thesis to an end by opening several other possibilities of analysis. Although this thesis has been primarily oriented within the ‘anthropology of reproduction’ with a particular focus on the ‘anthropology of child-death’, there were nonetheless other strands and conceptualisations implicitly present throughout the thesis. Here, I wish to bring out one overarching theme and concept that has dominated the ethnographic presentation in the thesis. This relates to the relation between knowledge, management and government of population in modern societies – a concern that has been interrogated around the theme of a modern bio-political regime and ‘governmentality’, developed through Foucault’s scattered writings and a series of lectures on the arts of government since late 1970s.

I have presented a short discussion on ‘governmentality’ in the beginning of this thesis. Now it is apposite to reflect on those discussions very briefly. This thesis has explored a number of concerns around female infanticide and sex selective abortion on the lines suggested by the governmentality scholars. So far, the use of this perspective in understanding the social and political life has been predominant in modern West. This was so because Foucault himself relied on the empirical and historical context of Europe in delineating his thoughts on governmentality. This has allowed for the assumption that Foucauldian ideas could only be relevant for the modern West. For example, Vaughan (1991: 8-12) has questioned the relevance and applicability of Foucault’s notion of subjective power derived from his analysis in Europe for an understanding of colonial African medicine. Through an examination of ‘Foucault in Africa?’, she meticulously showed the differences between European and African colonial contexts and argued that the colonialist construction of the deviant ‘other’ did not take place as there was already the ‘other’ in the form of the ‘African’. Quoting Nancy Harstock, who says, ‘reading Foucault persuades me that

Foucault's world is not my world', Vaughan (1991: 11) argued that the same could be said for many colonial and post-colonial peoples.

Foucault indeed based his analysis of modern power on the ideas which were generated towards the end of eighteenth century Europe. Those same ideas, however, were seen to be circulated into the non-European world through the 'civilising mission' of European colonialism and the same has continued to shape the conduct of post-colonial governments in South Asia. I have argued in the conclusion of Chapter Five that the shift in global discourse from 'improvement' to 'development', in which most governments today have increasingly oriented their programmatic activities around welfare and development has, in fact, provided a spur to retrieve the procedural and bureaucratic hegemony akin to the colonial 'civilising mission' agenda. In this thesis, I have attempted to locate an understanding of the 'new forms of governance' in such a shift by studying the paternalist agenda and programming of state and non-state actors in Tamil Nadu, through their endeavours to control female infanticide and sex selective abortion. Hence, Foucauldian ideas on governmentality are as relevant in contemporary Tamil Nadu as on the US-Mexico borders (Inda, 2006) and elsewhere. However, in this thesis, I have not subjected my ethnography explicitly to the theme of governmentality; rather I have focused my attention on providing an empirical contribution to the understanding of female infanticide and sex selective abortion. I propose to undertake a theoretical journey in the tradition of governmentality scholars to establish the relevance of Foucauldian ideas for scholars working in Tamil Nadu, in the publication of this thesis.

In bringing an end to this thesis, I also wish to raise the problematic of NGO role in development – a theme for which empirical material has been presented in Chapters Six, Seven and Eight. What do these materials represent, and what are their implications for future research?

In the wake of the failed state and market interventions in bringing about social change and development in most regions of the world, over the past two decades, the ultimate hope has now been placed in the capacity of NGOs to effect social.



economic and educational changes. The phenomenal growth of NGOs as a third sector for the delivery of economic and social development in developing countries is generally construed as a 'New Policy Agenda', which combines elements of neo-liberal economics and liberal democracy by redefining "the roles of, and relationships between, states, markets and 'third-sector' institutions" (Edwards & Hulme, 1996b: 849). Such a renewed prominence for the roles of NGOs had also at its background factors such as the Reagan-Thatcher popularisation of free market, anti-state policies, the fiscal and administrative crises of underdeveloped countries, the overall retreat of the state, and the end of the Cold War (Edwards & Hulme, 1996a: 961). Hence, state failure (Zaidi, 1999: 261) and the larger retreat of institutional politics (Sethi, 1993: 78) appear to be among the driving forces behind the new thinking regarding NGOs' role in development. For this very reason, NGOs are sometimes today seen as a panacea for all the social and economic ills that afflict underdeveloped countries (Zaidi, 1999: 260). This new paradigm of development is, therefore, aimed at changing the structure of governance "in favour of greater democratisation and institutional accountability" (Fowler, 1991: 56) in order to improve 'civil society'.

NGOs are seen to be "locally rooted and environmentally sensitive, flexible, low-cost and honest, and thus proper instruments to reach the people" (Sethi, 1993:80 cited in Zaidi, 1999: 262). Such a discourse on the sensitivity to the needs of the people at the local level (emphasising a 'self-help' approach to social problems) is what the World Bank has incorporated in its partnership with NGOs – so much so that by 1994, about half of the Bank's lending projects had provisions for NGO involvement (see World Bank, 1995; Nelson, 1995; also see Harriss, 2002 for a related critique of this discourse). Rather than questioning the structural foundations of the contemporary economic, political and social situation, this new development paradigm has positioned NGOs as the missing link between civil society, market forces and the state (Patel & Purewal, 2005). The emergence of a host of local, national and international NGOs is, therefore, now considered both essential and desirable in helping developing nations meet and sustain their development objectives.

My thesis has described some specific NGOs, who are working to reduce female infanticide and prevent sex-selective abortions, but are clearly part of the wider phenomenon I have just described. I want here to raise some questions about how neutral (politically) and autonomous (institutionally) are these NGOs? How 'civil' is the civil society approach of the NGOs? And are NGOs any better suited than the government to govern? My thesis advances a critique of NGOs at those levels where they themselves operate, i.e., at the levels of economy, polity and society.

One of my first criticisms relates to the financial constraints with which most NGOs work. During my year-long fieldwork, these constraints were constitutive of the nature of NGO commitment and of the kinds of people and communities with whom they work. Often, the NGO's commitment is no deeper than the commitment to ensure funding for its projects; it is the success or failure of the project that matters, more than the benefits for the people who are the target of the project. The very nature of this commitment does not only reflect the issue of their survival/presence vis-à-vis communities but also the need to maintain their own territorial-sovereign boundaries. The creation of such boundaries are indeed primarily oriented towards what Bryant (2005) has termed as a quest for 'moral capital' – the need to boost moral standing with actors such as local communities, donors, the media, or state agencies. I have presented some evidence of this relationship in the light of changed commitment of at least one big NGO (see Annexure V) when most of the NGO resources and personnel were diverted following the availability of the Asian Tsunami rehabilitation funding opportunities. On the other hand, smaller NGOs like WCWC always live in constant fear of financial insecurity in case the donor agencies change their funding strategies or ideologies. By issuing threats from time to time, donor agencies not only keep the NGOs under control but also define their own interests and issues.

For example, after a mid-term review of the WCWC project in August 2005 by its funding partner – Action Aid International -- WCWC felt obliged to reframe issues of 'female infanticide' as that of 'adverse sex ratio' as, according to the AAI representatives, the latter resonates a wider extent of the problem than the former

does. During this review, it was also suggested by AAI representatives that WCWC ought to locate funding partners locally from among the Community Building Organisations and strive to transfer the ownership of the rural development programme to the communities. The WCWC director explained this threat of gradual withdrawal by AAI in the light of AAI recent shift in programming from Asia to Africa, and within India, from southern to northern parts of the country. In another instance, in April 2006, WCWC was sanctioned a small sum of money by AAI to conduct a 'baseline survey' to assess the magnitude of human and material loss caused by the Kaveri flood disaster. To do this, WCWC deployed four of its fieldworkers to document families who suffered losses in four neighbouring flood-affected districts. Latter, AAI sanctioned a small grant to WCWC in order to rehabilitate victim families living below the poverty line; though no money/salary was sanctioned for its fieldworkers. While explaining about the Kaveri flood and the WCWC efforts to rehabilitate the victims over a telephonic discussion in May 2006, its project coordinator compared the huge funds given by AAI to Tsunami rehabilitation NGOs working in the southern districts with a small sum of money that was given to his NGO (though he did not reveal to me the total outlay for this programme). Consequently, NGOs like WCWC remain occupied for the most part with securing opportunities to overcome the funding constraints instead of engaging with issues of development for the community. These instances throw into stark relief the issue of institutional autonomy, which is so strongly associated with NGOs as an alternative to the state.

The second aspect of this criticism relates to the "Foucauldian ideas of governmentality and how technologies of control affect both the personal and the political" (Fisher, 1997: 441) i.e. the impact of NGO practices on relations of power among the NGO workers and the individuals and communities. In Chapter Seven, I have shown that NGO fieldworkers and staff share a moral and social difference from those they govern (or into whose lives they intervene) and this leads to power asymmetry in village social life. I have shown how, in the name of effecting socio-economic change and gender empowerment through the female infanticide programme, WCWC, government and civil society (acting in consort) have produced

unintended outcomes. Young mothers have been marginalised, and further axes of differentiation and hierarchy have been introduced into rural social life. One significant outcome of the usage of these new categories has been that these villages have been turned into a battleground of concepts and taxonomies by which village residents are now being characterised. I argued that increasingly people view their life and resources in terms of these categories and taxonomies, with which they have now come to be labelled. In the face of such strong stereotypes, it is not difficult to imagine people being differentiated across the line of these categories, viz. pregnant mothers, 'high risk' mothers, infanticide mothers, sterilised mothers, cradle baby, rescued baby, and so on. In short, new categories or classes of people are being created on the basis of the work of these NGOs. Such differentiation is clearly formed along a power axis, not only between intervener and the intervened but also within the intervened group, i.e. those classified within a category and those who are left out.

All this precisely highlights the 'dangers of routinisation', which Fisher (1997: 456) has posed as a potential problem of the NGOs along with the gradual transformation of democratic principles into non-democratic ones. In generating a further concern for a noted gap between the egalitarian rhetoric of NGOs and the actual practice, he asks: "are NGOs doomed to repeat the patterns of the societies within which they emerge" (Fisher, 1997: 456)?<sup>74</sup> My ethnography appears to indicate this, along with a failure of NGOs to live up to the principles of egalitarianism, democratic governance and empowerment that they themselves proclaim. A glimpse into the life of the WCWC fieldworkers suggests that most of them joined the NGO forum in an attempt either to free themselves from the cultural, gender and caste constraints or to empower others. The concern of NGO fieldworkers for personal and societal emancipation brings into light "the technologies of domination over others and those of the self", when in fact a real emancipation of both demands "a rejection of the representation of the self imposed by relationships with others" (Fisher, 1997: 457).

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<sup>74</sup> Fisher also quotes Weisgrau (1997) and Mehta (1996) whose works on NGO practices show "how the relationships between organisations and their constituents come to replicate older patron-client patterns" (1997: 456).

NGO fieldworkers, then, exercise power by establishing moral and social differences, and this is something that NGOs find difficult to give up. I have presented some empirical evidence in support of this claim in Chapter Seven, to highlight the political nature of NGO interventions. NGOs act like governments do. They create and sustain a hierarchy of power over their subjects – an arena of power which Ferguson (1990) referred to as a kind of government in which “to govern is to structure the field of possible actions of others” (cited in Fisher, 1997: 458). Such ‘power-structured relationships’ indeed require ‘techniques of control’ (Ibid: 446) and domination, upon which NGOs successfully act.

From the standpoint of people in the village, NGOs are ‘another’ state, one that can take on the role of government when required. This indeed comes close to the assertion by those who advocate NGOs for development and who see NGOs as everything that governments are not, i.e. that NGOs emerge because state-directed developments fail, and they fail because they cannot be the disinterested, apolitical participants that theory expects of them. This shift from political to apolitical, or what some have called ‘depoliticising’ development, defines problems that can be solved through the mechanisms of NGOs rather than through political action (see Ferguson, 1990; Harriss, 2002 for further discussion). Yet most NGOs fall into the same trap, i.e. they mirror so closely the modes of work of government workers that they rapidly share the same weaknesses. In this way, some of the proclaimed benefits of the Third Sector seem, on close scrutiny, to disappear.

## **Annexure - I**

### **A Brief Account of the Rise of Small Family Norm in India**

The idea of small family norm as contributing to fertility decline in Tamil Nadu was only hinted at during the late 1980s. But it was pursued with utmost seriousness after the publication of the Government of India's 1991 census figures. These figures, which showed a low population growth rate in Tamil Nadu, prompted the comment that this was for the first time attributable to a lower total fertility rate (rather than to high mortality, as had been the case in earlier decades), which was interpreted as a wide-spread acceptance of a small family or two-child norm (Nagaraj, personal communication cited in Hodges, 2008: 142).

This small family norm suggested that fertility declines were not a result of later age at marriage, or longer gaps between births, but represented a shift in values and family-building desires. In Tamil Nadu it was increasingly argued that women were being married at a relatively early age (18 or 19), were quickly delivered of two children and then sterilized by the time they were in their early 20s (Nagaraj, 2000 cited in Hodges, 2008). This observation created discomforts for both demographers and policy analysts. The 'new Kerala' model, which had been used by them to explain the fall in Tamil Nadu's birth rate, came to be discredited. For Tamil Nadu did not share the set of indicators that had been highlighted while explaining Kerala's low fertility, i.e., over-all prosperity, high female literacy rates, low infant mortality rates and so on. Eventually, demographers looked for a new explanation for Tamil Nadu's fertility decline in a small family norm, which was soon explained by factors such as 'the effect of the family planning programme' and 'women's empowerment' (see the Introduction to Chapter Two for specific discussions of these factors). By the mid 1990s, Tamilians were described as effectively controlling their fertility through birth control measures. The stress on birth control meant that their fertility decline had to be understood as an effect of 'diffusion' of new ideas and values around social development and women's status rather than due to structural changes in economic

conditions. The ‘small family norm’ was understood to be part and parcel of Tamilians’ engagement with modernity (see Kishor, 1994; Sen, 1995; Ravindran, 1996; Nagaraj, 2000; also see Hodges, 2008).

There are two separate modes of inquiry into the small family norm. In the first, the rise of small family norm is traced to social and economic changes in marriage practices, child survival, and a bio-medical discourse in the context of consumption, market and government policies where the focus fell on the ‘child’ as an economic and consumer cost (Srinivasan, 1995b; Ramasundaram, 1995; Reddy, 1997; Drèze & Sen, 2002; Guilmoto & Rajan, 2005). This was antithetical to the theoretical positions developed in the 1970s, led by demographers at the East-West Institute (Fawcett *et al.*, 1974; see also Mamdani, 1972), which associated a high fertility regime with the economic benefits of children: a large family was seen to be able to fulfil the need for labour in rural areas and thereby contribute to economic development (see Nag *et al.*, 1978; Cain, 1977; White, 1982; also see Vlassoff, 1979). This was counterposed to what was asserted in the World Population Conference at Bucharest in 1974, i.e., that economic development is the best contraceptive.

Such a viewpoint was soon contested by a second argument that saw ideational and valuational factors (both of which stress the cultural significance of children) as more important in affecting fertility rather than economic ones; low fertility is determined by ideational changes and access to birth regulation instruments (Dyson, 1991). In the context of Tamil Nadu, some attributed fertility decline to “social and political will, bureaucratic efficiency, and effective communication strategies” (Srinivasan, 1995b: 163). Attention was equally paid to how cultural and political factors could prove more relevant than economic development or government policies. Hodges (2008), for example, traced the history of diffusion, which had come to mark the debates on fertility decline post 1991, into the Tamil cultural and the political past from the period between the 1920s and the 1940s. She showed how some commentators and policy-makers posited the post 1991 fertility decline data as a product of a political heritage that started in the interwar period with Periyar’s Self

Respect marriages as a platform to broadcast the Self Respect marriage and particularly to broadcast what we have come to refer to as a 'small family norm'. She herself could not find any observable, direct correlation between the social reform movement and a lowered fertility rate in Tamil Nadu (Hodges, 2005). However, that there is some evidence that small families were promoted as modern families across the Tamil Nadu from the beginning of the twentieth century (Hodges, 2008: 145).

Nonetheless, the idea that parents in 1960s and 1970s saw the presence of many children in Tamilians' families as an economic advantage may help explain why family planning measures in the State were not as successful in the decades of the 1960s and 1970s (see Djurfeldt & Lindberg, 1974) as they were during the 1990s (see Antony, 1992). It appears that by the 1990s, parents began to realise that fewer children would be advantageous to meeting their economic, cultural, social and political aspirations – which had to be understood in a broader social context, not just as a matter for individual families. This observation shifted the lens of inquiry from the parent's own marital and familial aspirations to the general aspirations towards rearing children under changing social environments (see Kishor, 1994). Attention was increasingly paid to the role of mass media (including wide-spread television serials, advertisements, and films) which celebrated material comforts and encouraged 'consumption' as a new value. This shift to 'consumption' came at a time when, ironically, there were improvements in material standards of living but also more competition for limited opportunities for a good education and subsequent employment for children. The changes in marriage practices, which increasingly came to be characterised as dowry-led marriage market (Ramu, 1991), emerge in the same period. Some analysts began to suggest that apparently 'benign' forces such as female education, female autonomy and women's empowerment might not be as important as had previously been argued. More writings are now focussed on the rising consumerism of societies, aided by economic policies and liberalization in trade under the aegis of development and globalisation, which was set in during the early 1990s in much of South Asia (Jeffery & Basu, 1996; Thomas & Price, 1999).



## **Annexure – II**

### **Tamil Mother's Representation in the Official Discourse**

*Lakshmi* : 34 years, married for 14 years in a middle class family, not yet conceived

*Mariamamma* : aged 35 years, is suffering from cough and slow fever since 6 weeks. The in-Laws seem to be disgusted and she is sickly and has not consulted the doctor - the health centre is at a distance of 5 km

*Pushpa* : belongs to a landless category, wife of an alcoholic husband and has 4 children (3 girls and 1 boy), is forced to manage the family

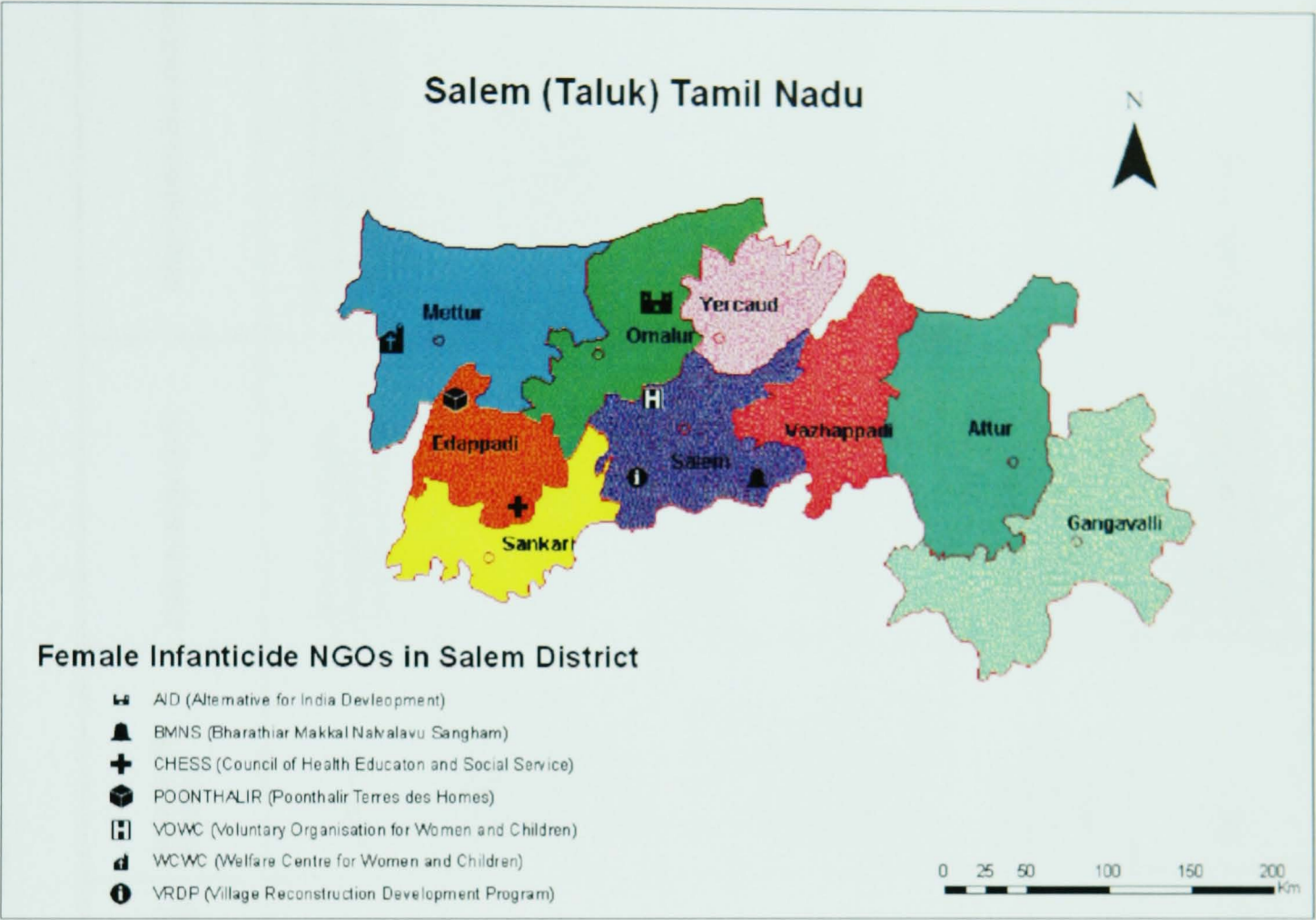
*Karupayee* : her fourth delivery is again a female baby. The girl baby was choked to death

*Rajathi* : married for 2 years, is compelled to terminate her pregnancy twice as it was a female foetus

*Source: Directorate of Public Health and Preventative Medicine: Gender and Health: A Handbook for Health Workers, 1997: P 27*

# Annexure – III

## NGOs Mapped in Salem District



Source/courtesy: <http://salem.nic.in/talukmap.htm> (manipulations on the map are mine)

# Annexure – IV

## NGO Matrix

Name of the Organization	FI Intervention Year	Location	Operational / Coverage Area	Strength (Staff)	Salary Range	Source of Funding	Main Activity on FI	Other Issues and Activities	Organizational Mission
Welfare Centre for Women and Children (WCWC)	2001	Mettur Dam	5 blocks	24	1000-15000	Action Aid	HRANC monitoring, Campaigning and promoting via CBOs	Rehabilitating bonded labour, Dalit empowerment, Torture victims, Facilitating primary education to girls of SC and ST community	<ul style="list-style-type: none"> <li>•Concern for the poor</li> <li>•Commitment and</li> <li>•Excellence in work</li> </ul>
Alternative for India Development (AID)	1995	Omahur	1 block	12	1000-15000	European Social Fund, the UK aid budget, charities like Aide et Action & other major donors in Europe & the USA.	HRANC monitoring, promoting CBOs	TSUNAMI Relief Work, Education for rural poor, Health for All, Livelihood empowerment, Imparting vocational skills training	Sustainable development of people by achieving Education, Health, Livelihood and Gender, Tribal and empowerment
POONTHALIR	2002	Erappadi	1 block	10	1000-10000	TDS and others	Saving and re-integrating children	Child Labour	Saving Girl Child and promoting Child Rights
Village Reconstruction Development Programme (VRDP)	1997	Salem city	Whole Salem dist	20	1000-10000	Action Aid, Plan International, Manos Unidas (Spain), Cord Aid (Netherlands+), TAI-VHS, Trocaire (Ireland)	Campaign, networking and monitoring HRANC.	Awareness among rural poor regarding rights and entitlements, conservation of natural resources and forestry, Removal of bonded labour and child labour	Empowerment of Dalit, Tribal, and Women both within the family and the society through socio-economic, educational and political initiative
Council of Health Education and Social Services (CHESS)	1998	Iruppali	1 village	8	2000-8000	Swedish International Development Agency	Mother and Child Nutrition delivery and monitoring ANC's.	No other activity	To provide Mother and Child Productive Health as the basic health delivery
Voluntary Organization for Women and Children (VOWC)	2003	Salem city	Whole Salem dist	1	No salary	Self	Sensitization and awareness through public lectures and seminars, holding ante-natal mobile clinics	No other activity	Providing maternity related services and removal of female infanticide

## **Annexure – V**

### **Towards an Understanding of the Field within the Field: Researching Female Infanticide by Researching NGOs in Tamil Nadu**

Shahid Perwez

#### **Introduction**

In this Chapter, I describe and reflect on some of my experiences of working with and through NGOs as a particular outcome of my ethnographic fieldwork on female infanticide and sex selective abortions in the southern Indian state of Tamil Nadu. These experiences range from the constraints on research to the possibilities of working with and through them. In particular, my objective is to highlight varied actions, strategies, routinised practices, and processes through which NGOs create and maintain their sovereign-territorial boundaries. Although the creation of such boundaries and processes are primarily oriented towards, what Bryant (2005) has termed, a quest for ‘moral capital’ – the need to boost moral standing with actors such as local communities, donors, the media, or state agencies – these processes and practices pose fresh challenges to anthropological researchers (Fisher 1997). An equally important challenge is the NGO construction of the sites and communities – that have been the focus of anthropological research – as ‘local’, which has been viewed as attempts to secure the NGO presence as legitimate as well as to realise the twin objective of empowerment and participation (see Edwards and Hulme 1996; Vettivel 1993). In recent years, this has been encouraged and reinforced by government-NGO collaboration. This has been witnessed, for example, in the government-NGO nexus in Tamil Nadu whereby the government has left it to NGOs to work independently or in tandem with district level organisations to bring about social and economic change (Sunder Rajan 2003: 201). In such an arrangement, one major challenge for anthropologist relates to entering in the field by securing access and the trust of these NGOs. Accessing the rural communities in India has always

been a difficult task for an alien person, which has been made even more difficult with the growing numbers and practices of NGO. Unlike demographers, economists, and other such social scientist's emphasis on spending considerably less amount of time for data collection, anthropologist's long stay in the field has come to be seen by NGOs as a threat to their patronising relationship with the communities. Sometimes, even with their formal consent, knowledge, and approval, an anthropologist is considered someone akin to a spy either from the government departments or from their funding agencies. Similarly, a direct entry into their field/area of intervention is viewed with suspicion, threat and illegality. All this means that an understanding of techniques of gate-keeping by organisations becomes central to the pursuit of any anthropological inquiry attempting to work with or through organisations. This Chapter aims to contribute towards an understanding of such techniques of gate-keeping and their repercussions for anthropological research.

It is not the aim of this Chapter to evaluate and suggest guidelines for NGOs to improve; rather it is an instructive account of processes and experiences of an anthropologist attempting to conduct fieldwork through NGOs. Furthermore, by producing an ethnography of working through NGOs, I do not wish to produce basic tenets of an institutional or organisational ethnography, but rather highlight specific practical issues that I encountered while dealing and/or negotiating with NGOs in Tamil Nadu as an anthropologist. I do this by providing a thick description of my encounter with two such NGOs highlighting issues of gaining access and trustworthiness, and of encountering problems of status-quo, control, authority, trust, and surveillance. The names of these NGOs and the NGO persons are anonymised for the trust – or for a lack of it – that they have tried to bestow in me during my fieldwork. The Chapter also discusses how NGOs map, conceptualise, resource, and constitute the places, and their 'boundaries', locally. This Chapter, then, develops along three inter-related parts. Since the ethnography of working through NGOs is a specific outcome of the struggles of doing intensive fieldwork for my PhD, I will, therefore, first briefly introduce the background and some context of my primary study on female infanticide and sex selective abortions in contemporary Tamil Nadu. This is largely done to set the context in which engaging with NGOs emerged as an

inevitable part of my fieldwork. The next section of the Chapter will discuss my encounter with selected two NGOs to highlight specific methodological issues of working through NGOs. Finally, I will return to more general reflections of some of the problems, dilemmas, and solutions to researching organisations, specifically contemporary NGOs.

### **Setting the context**

In 2003, the United Nations Fund for Population Activities (UNFPA) documented the deterioration in the child (0-6 years) sex ratio across the country between 1991 and 2001 (UNFPA 2003). The public response to this report suggested that the issues of female infanticide and sex selective abortions have acquired unprecedented public awareness in India. The reason for choosing to conduct my fieldwork on female infanticide in Tamil Nadu was, although multifarious, significantly affected by a literature consideration. That is, most colonial and post colonial discussions of female infanticide, as well as recent accounts of sex selective abortions, have assumed that they are typically a north Indian phenomena, most strongly associated with rigid patriarchal kinship structure including dowry, unfavourable marriage patterns, low freedom, low education, and strict rules of avoidance for women (see Boserup 1970; Kasturi 2002; Miller 1981; Todd 1829 (1997 reprint); Oldenburg 2002). Since the mid 1980s, however, there have been reports of the widespread prevalence of female infanticide in Tamil Nadu, both in the local set up (Soundarapandian 1985) and in the national press (Venkataramani 1986). These reports have been perceived as surprising as they contradicted earlier anthropological studies of south Indian societies which suggested considerable differences from the north Indian models, in terms of the prevalence of bride price, female-friendly marriage practices, equal freedom and opportunities, higher female literacy rates, less rigid patriarchal structure and a near total absence of son preference (see Dyson & Moore 1983). Why, then, have child sex ratios declined so much, and why has female infanticide appeared in parts of Tamil south India? This particular consideration led me to choose Tamil Nadu for my research inquiry.

I chose Salem district as the site of my ethnographic fieldwork for particular reasons. That is even though in Tamil Nadu female infanticide was spotted and reported first from the Usilampatti *Taluk* (an administrative sub-division) of Madurai district during the mid 1980s followed by an active campaign and social mobilisation against female infanticide in Dharmapuri district during the mid 1990s, the gaze had shifted to Salem district since 2001 onwards. The shift in focus has been guided due to two important considerations. One, in the national census of India 2001, Salem emerged as the only south Indian district amongst the 50 Indian districts to have recorded the lowest juvenile sex ratio (0-6 years age group) of 826 females per 1000 males (figures taken from UNFPA 2003). The deterioration in sex ratio statistics and its linkage with the already existing account of female infanticide from the district (George *et al.* 1992; Venkatachalam & Srinivasan 1993) helped label Salem as one of the worst places in Tamil Nadu for girl children to be born and survive. Such a discourse inevitably called for NGO intervention on the subject. Second, following the return of Jayalalitha – the then Chief Minister of Tamil Nadu and an advocate of the earliest measures to prevent female infanticide – into political power in 2001, a special (revised) package and programme on female infanticide prevention was administered by the state to Salem district administration with NGO collaboration, rendering the district as the epicentre of government and NGO discourse on female infanticide and sex selective abortion in contemporary Tamil Nadu.

### **An Epiphany**

In August 2004, I arrived in Salem to commence year long ethnographic fieldwork for my PhD after successfully defending my research proposal at the University of Edinburgh. Because I had made no prior arrangements with anyone in the fieldwork area, I was left contemplating where and whom to begin with? This was my first ever visit to a south Indian district. Everything looked strikingly unfamiliar and different from the towns and villages in north India, where I was born and raised. Being a north Indian semi-urban male, who did not speak Tamil then, meant for me that there were obvious constraints in my fieldwork that had to be met before direct contact with the villagers and, in particular, with women could be made. Language was as much a potential barrier for me as my gender. The idea of locating an NGO and

hanging around with their fieldworkers for a while seemed to me as a practical step not only to get started but also to resolve my need to choose a village/s for ethnographic study. I soon encountered NGO-A – a regional NGO working to prevent female infanticide funded by international aid in about half dozen of administrative blocks of Salem district. For reasons that will be apparent in the next section, I successfully retained my ethnographic ties with NGO-A until the completion of my fieldwork. Working with and through NGO-A exposed me to over half a dozen of other such NGOs in the district. I was no less surprised to learn that Salem district alone has reported the presence of over 25 community organisations working on female infanticide prevention (Negi 1997; Sunder Rajan 2003: 201). Such a thick density of organisational presence on the issues of female infanticide in Salem meant for me that no account of female infanticide could be complete without understanding NGO discourse on the subject. I, thus, went out in the field using techniques of multi-sited ethnography to explore and document NGO activities on female infanticide. Some NGOs readily agreed to share their activities while some did not. I ended up documenting and mapping seven such NGOs on female infanticide for my PhD project. This Chapter draws on two such NGOs as specific examples of the methodological struggles of conducting fieldwork on female infanticide and sex selective abortions through NGOs in Tamil Nadu.

### **Methodological Issues**

The idea of doing participant-observation primarily involved the issue of securing access to the villages and the people involved in the practice of female infanticide and sex selective abortion, which inevitably required me to identify gatekeepers in the beginning of my fieldwork. As per the research proposal plan, one of the first things that I was expected to do in the field was to inform and seek formal consent from the district administration for my research and safety. When I tried to do so, I was instead asked to secure a formal permission to carry out my research on female infanticide in Salem district from the Chief Minister's office in Chennai, capital of Tamil Nadu. The official explanation given to me that the then Chief Minister of Tamil Nadu, Jayalalitha, needs to give her consent for carrying out any research on female infanticide was, in fact, an unofficial pronouncement but nonetheless was



maintained strongly within the official corridors. I later learnt from my journalist friends that media-persons need no such consent to research and/or document and write on female infanticide. Even so, I managed to develop contact with a young and academically motivated administrative officer of significant repute and power, who not only permitted me to carry on with my research but also advised selected few officials from the lower level bureaucracy to cooperate with me in my fieldwork area. He was also one among the first few people to divert my attention towards the need for researching NGOs working to reduce female infanticide. This was corroborative of the fact that for the most part the Tamil Nadu government had encouraged and entirely left the burden of bringing about socio-economic changes and development on the NGOs (see Sunder Rajan 2003). As a result, NGOs have widely proliferated in areas reportedly rife with reports of female infanticide and sex selective abortion. Such an arrangement between government and NGOs, notwithstanding the “agonistic contentions over governmental relations” (Gordon 1991: 23), has led NGOs to intervene and create their own sovereign boundaries with regard to those who are intervened and/or governed by these NGOs. After explaining something of the context, what follows below is an ethnographic encounter with NGO-A and NGO-B with regard to methodological issues raised in the Chapter.

### **Case 1: NGO-A**

#### *Securing access and consent*

My encounter with NGO-A was quite incidental and impromptu. Besides working on health, education, social justice and discrimination involving women, children, and other underprivileged groups such Scheduled Castes and Scheduled Tribes, NGO-A has been working to prevent female infanticide for the past five years. I was introduced to the Director, Mr. Ramesh, through an email received in the field from an academic colleague who earlier had hired the professional service of the organisation to carry out small field research for which the NGO was paid a good ‘compensation’, as the Director would put it to me. No wonder then, one of the first things that he ‘indirectly’ inquired about, in our first meeting, was the provision of any such ‘compensation’ for his organisation in lieu of his organisational cooperation towards my fieldwork. When I explained to him that my research sponsor, the Ford

Foundation, had not allocated any such funds for my field research save the cost of hiring 'research assistant/s', he said no more but suggested that I might employ someone from his organisation as my research assistant/s. Having heard my research plan in terms of my research design to locate a village/s facing issues of female infanticide for a sustained ethnographic inquiry for a year or so, one of the first queries he wondered aloud: why I should be staying so long in the field. His contention was soon given the context when he asked: 'I had earlier facilitated the field-visit of many researchers (including international), policy-makers, government representatives, and people from funding agencies and market research organisations, but they never stayed even a complete month...why do you want to stay so long for data collection?'

Eventually, I had to explain to him my research design in the light of my necessity to learn the language, acquire firsthand information about the village and its people, and develop close rapport with the villagers in order to conduct in-depth qualitative interviews and other such interactions. Notwithstanding the air of cynicism that dominated our very first meeting, Mr. Ramesh ended up enthusiastically inviting me to do fieldwork in his (organisational) area. It was agreed that I would base myself in the town where the NGO office was premised and would travel to the NGO intervention villages with their fieldworkers as and when they travel. All logistics such as housing and travel arrangements were provided by the NGO. I anticipated this arrangement leading to: one, the selection of a village/s for further ethnographic research; two, to an opportunity to learn and practice Tamil in the company of NGO fieldworkers.

### *Convenience versus modes of surveillance and control*

Besides granting formal access and consent to carry out my fieldwork, the NGO Director extended three specific forms of organisational cooperation, which I, much later, realised were developing into an instrument of control, authority, and surveillance over my fieldwork activities. One, he instructed Robert, one of the field supervisors whose job was to visit the (NGO) 'field' on an everyday basis for monitoring the fieldworkers and their assigned activities, to take me around,

introduce me to the fieldworkers, and showcase the NGO achievements in villages reportedly rife with female infanticide. Two, he strategically ensured my scheduled participation in selective public meetings, both within and outside the NGO, such as women's Self Help Group<sup>75</sup> (henceforth SHG) meetings, female infanticide review meetings, block level female infanticide monitoring committee meetings, rallies, processions, and so on. Three, he invited and gradually coaxed me into an everyday discussion on my fieldwork experience and progress ostensibly to help me out of difficult situations.

Let me begin by highlighting the usefulness or rather convenience of such a set up for my research process. One positive outcome of the regular discussions with the NGO Director was that we became close friends and he began to invite me to his home as well as to most NGO events. Our discussion built up to the extent that he offered me a position serving as an 'informal' policy advisor to his NGO on matters of female infanticide. By consenting to do so, I was in a position to explore the internal affairs of the organisation which ranged from funding to the practical issues of running an NGO. If such reciprocity steadily facilitated access to his organisational activities from the inside, it also exposed me to a sea of NGOs. On one occasion, NGO-A was funded by an international donor agency to organise a state-level NGO workshop on issues of female infanticide and foeticide in Tamil Nadu. In the workshop, over 30 NGOs, activists, and government officials across the state were invited to participate, discuss, and evolve a common consensus on working over the issue. I was placed by the NGO Director as one of the resource persons to the event. The meeting that lasted for two days provided me an ideal and conducive site to do ethnography of NGO policies and rhetoric on the subject besides exposing me to a further network of NGOs within and outside Salem district.

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<sup>75</sup> In Salem, the formation of women's SHG to strengthen women's need for micro-credit and micro-finance started as early as in 1992 by the Tamil Nadu Corporation for Women's Development (called Mahalir Tittam). The project was soon left over to NGOs for its implementation leading to a sudden increase in the number of NGOs in the district. As a result, virtually all NGOs with a project on female infanticide also happens to be NGOs with an existing SHG project with the latter providing necessary resource and women-power to monitor the suspected cases of infanticide in the village.

One particular constraint that later turned into a sort of convenience relates to my shifting roles and problematic identity as determined by the NGO. In all meetings to which I was scheduled to participate regularly, he would present me as a scholar-cum-activist from the UK working on 'women's cause', ostensibly to enhance his organisational profile. Sometimes, he would also introduce me as a Ford Foundation representative despite knowing very well that I was not a representative of the Ford Foundation but a mere Fellow. My initial resistance with being labelled as an activist soon lost its significance and I myself agreed to it with the realisation that such an identity did, in fact, begin to work positively exposing me not only to the world of NGOs but also to other actors such as physicians, politicians, the media, and social workers. The fact that I was once approached by a local correspondent of *The Hindu* (India's national daily newspaper), and more often by the local media, to do interviews on female infanticide (which I politely refused to avoid any controversy) reflects the convenience with which I could access the media as one of the ethnographic sites of my research.

Finally, constraining as it was to be proved much later, I agreed to proceed with my fieldwork in such a set up of organisational cooperation for three important preliminary field conveniences. One, even though I was aware of the NGO interest behind such a design of cooperation, I decided to reciprocate without making compromises with regard to my own fieldwork design. Two, this would help me in consolidating my position as a member of the NGO family. Third, not having commanded the language yet and with no direct village contacts, I had no other options for doing village ethnography.

### *Surveillance versus resistance*

In this section, I demonstrate what happens when NGO techniques of surveillance and control are being resisted, whether consciously or unconsciously. Such a set of organisational cooperation, which lasted for over three months, resulted in some conflict in terms of my later research in the village. Until then, I had been travelling everyday with Robert and/or other fieldworkers. I realised that I needed to see beyond what the NGO wanted me to see and observe. Moreover, to some extent, my

learning of the Tamil language was compromised by the fact that my NGO friends and the fieldworkers would often break into speaking English when they found it difficult for me to converse in Tamil. I anticipated that a village with only Tamil speakers would be an ideal place to improve my language skills. I, thus, decided to take up my residence in one of the NGO villages where I succeeded in making some friends and key informants independently. The shift was apposite considering the fact that people in the village began to view my association with NGO-A sceptically. There were some in the village who did not appreciate the NGO's presence in their village. The village was situated roughly 20 miles away from the NGO office making it practical for me to visit the NGO base and their programme on a weekly basis or so. However, my change of residence into the village meant a sudden end to the already established modes of surveillance and control by the NGO. No sooner had I initiated my independent field activities than I was told by a close acquaintance from the NGO that I was being watched. The fieldworkers were suddenly instructed to check on my movements in the village; whom did I meet and what exactly did I ask people in my interviews and so on. Even my female research associate, who assisted me in undertaking interview notes and transcripts with village women, was once called in by the NGO to inquire about the type of my interview questions. Everything seemed to have turned on its head. When I visited the NGO premises the next time, I found the NGO staff unfriendly, suspicious, and indifferent to my presence. The NGO Director did not appear to be content either. This was evident from the instruction that he had passed over to every member of the staff that no information or data be divulged to me without his prior permission. I found this change of attitude utterly disturbing for my fieldwork. It was precisely at this point of time when I needed some documentary evidence of NGO activities on female infanticide, specifically pertaining to villages where I was doing my fieldwork. I was directly denied access to any such information.

### *Re-accessing through Reciprocity*

Securing access is never a one-go process. Access has to be continuously mediated, negotiated, and re-negotiated during the fieldwork. There is no one role for anthropologists even within a single organisation. From being an accepted member

of the NGO family, I was suddenly reminded that I did not belong there anymore. Now the challenge for me was to find ways to bridge the gap caused by my shift of residence to the village. I began considering some tactical solution to accessing the documentary evidence of the NGO as well. I therefore attempted to access the data through my friend Robert, believing that since he was a field supervisor he would be able to help me. I was surprised to discover that the data was as much inaccessible to him as to me, because there was no such dataset. The information collected by individual fieldworkers was in scattered form and no attempt had been made to collate the data in a systemic manner. He also expressed that data would not be made available until the next project review by the funding agency. I could not afford to wait until then.

Meanwhile, I received an email call for presenting papers/posters in the then forthcoming International Conference on Population Issues in France. I decided to use this opportunity as an instrument to renegotiate my access to the NGO database. I wrote an abstract on the NGO's approach to female infanticide prevention in Tamil Nadu and showed it to the Director. I asked him if he would be interested in becoming a co-author of the paper. 'What do I have to do', he asked. 'If the abstract is accepted', I replied, 'we would jointly write a full paper on your NGO's approach to female infanticide prevention as a case study for which some documentary evidence in the form of raw data (on female infanticide) would be required.' It would be naïve to assume that he would not have foreseen the concurrent effect of this exercise into giving me to the dataset, yet he could not resist the prospect of both travelling to France and showcasing his NGO's work to an international audience. He agreed to participate in the project. We soon learnt that the abstract was accepted for a poster presentation. Since I was supported by my funding agency for the travel, I decided to support his application for a travel grant from the organisers of the conference. The response was positive and he received the financial grant. The confirmation of the travel grants had set unprecedented activities in the NGO corridor to gather, collate, and organise the data on the female infanticide programme. After months of labour and intense collating of the data by the fieldworkers, we finally managed to put a research poster together and travelled to

France. It was in this way that I finally had access to the NGO documentation on female infanticide. In return, the Director expressed his gratitude by re-opening the doors of the NGO for me. On my return, I re-arranged my field movements by visiting the NGO premise once or twice a week and also resumed somewhat regular conversation with the Director. While such transparency on my part did not prevent the NGO from keeping a regular watch over my activities, it certainly helped restore the trust and confidence of the NGO, which has lasted.

## **Case 2: NGO-B**

NGO-B, based in one of the central blocks of Salem district, had been one of the forefront runners in the campaign against female infanticide and had made news headlines from time to time. The NGO was one of the local units of a national NGO which was spread over a couple of other Indian states. Like most other NGOs, this NGO also had programmes on health, education, gender equity and social justice. When I first became aware of its existence on the female infanticide map, I could not resist imagining a comparative study. The idea was to do six months fieldwork in village/s governed by NGO-A followed by another six months in NGO-B governed village/s using the techniques of multi-sited ethnography. With such a design in mind, I approached NGO-B office. After some failed attempts I managed to secure a meeting with the project coordinator, the highest authority of the unit. I explained to him my research design and expressed the possibility of doing fieldwork in his area. Besides asking about the details of my project, he asked for my identification. After verifying my identity, he politely expressed his inability either to allow me to carry out any such research or to divulge any information on the subject. He also refused to be interviewed. Instead, he asked me to secure a formal permission from the Head Office in Chennai. Having no other way to proceed, I decided to travel to Chennai, a distance of over 200 miles.

In Chennai, I telephoned the Head Office to set up an appointment with the NGO. I was asked to call back some days later as the Director of the organisation was not available and there could be no appointment without him. I was strictly advised by the Salem unit project coordinator not to visit the Head Office without an

appointment with the Director. So I continued to make phone calls to the NGO office with the hope of getting to see or speak with the Director. A couple of days later, I finally succeeded in talking to the NGO Director over the telephone. He sought an immediate explanation for conducting such long fieldwork in his NGO intervention area. Over a long conversation, I explained my project to him. I then requested an appointment with him or any other relevant NGO personnel so that I could come in person and explain myself at greater detail. Instead, he gave me an email address and asked me to write a detailed email explaining myself, my research needs, and a 'justification' for his organisational support for my research.

I immediately sent an email addressed to the Director reiterating my request for their cooperation. The reply that I received is reproduced below to reflect and contextualise some issues of gate-keeping in the later part of the discussion. The email remains in the same format as I received it except I have deleted the names of the individuals involved in the communication:

**Date:** Wed, 22 Dec 2004 23:29:37 -0800 [23/12/04 07:29:37 AM GMT]

Dear Mr. Pervez [sic],

This is in response to the letter addressed to my colleague [sic] XXXXXXX. He will be away from the country for the next three months and right now I am in Delhi and will be back to Chennai in the first week of January 05.

We would like to know about your research design and what are the information required from the village. Further we would also require a formal letter preferably from your university as most often we have experienced that our Indian scholars use the grassroots information but do not acknowledge or give feedback. These past experiences of us have propelled to write to you seeking clarifications.

We hope you will understand and respond positively.



With best wishes,

XXXXXXXXXX

Executive Secretary

In response, I wrote back clarifying my project in even greater detail but did not hear from them again. With my identification and documents in hand, I decided to visit the Head Office. It was only a week since the Asian tsunami had struck. There was chaos and disorder all around in Chennai. It was particularly visible in the NGO premises that most of the NGO staff were missing including the person who I had come to see with the hope of handing over my documents for verification. I was told that all NGO personnel were sent to tsunami relief work in and outside Chennai. The unfortunate event of the tsunami meant that any negotiation towards securing my access to the NGO had to wait. I decided to return back to my village and resume the everyday field activities.

A month later or so, I made one last attempt to convince and seek the cooperation of the project coordinator directly by visiting the Salem unit NGO premises. I was informed that he along with other NGO staffs had been posted to the tsunami affected southern districts of Tamil Nadu for managing their new project on tsunami rehabilitation. The only person remaining was Kunjanammal whose job it was to open and close the NGO office. She was kind enough to have dial up the Director's mobile phone and let me speak to him. When I inquired if he had left the Salem unit permanently, he replied that he would be returning next week to resume his duties. Thereafter, I visited the NGO premises almost every month only to hear the response that he would be coming back the very next week. He continued to be the project coordinator even though he was never seen back in the NGO premises until I left the field.

In one of those regular visits to the NGO, I encountered Sumathi, one of the fieldworkers of NGO-B, who agreed to cooperate with me despite her awareness of my attempt to secure formal consent from the Director. She agreed to take me to the NGO intervention villages without any compensation. The fact that someone had

come all the way from the UK to do research on women's cause was a good enough reason for her to cooperate. Her willingness to help me was also based on the assumption that I would write 'critically' about the reasons why many activities on female infanticide had come to a halt. She was quite sad and sceptical when she said: 'While the NGO-B is well known for working over issues of female infanticide, there is no such programme any longer. The women are suffering as the cases of infanticide and foeticide have increased in our area. It is pathetic that our NGO has stopped working, but I don't know why.' Having visited a few villages with her and with no NGO activities in sight, I found no merit in doing a comparative ethnography and, therefore, reverted back to my earlier design.

After having understood something of the context of NGO programmes on female infanticide, I was now in a position to understand why such a conventional method of gate-keeping as 'avoidance' was employed to restrain access. Without understanding this context, the email written to me would appear as one of the first steps of any organisation to safeguard its interest. However, such a conventional technique of avoidance is explainable by the fact that an outsider's prolonged stay and research in their field area could have been potentially damaging to the NGO's reputation in the absence of any such programmes. I was told by Sumathi that someone from France had come two years ago to do some research work on female infanticide. Her field trip was facilitated and coordinated by the whole NGO team as it lasted only for two days. Everyone from the NGO visited the villages with her. Obviously, it would not have been possible for the NGO to visit the villages regularly with me for six months had they given consent for my fieldwork in their area.

Finally, the issue that is worth reflecting on from the NGO response by email is the categorisation and stereotyping of researchers. The assertion that an Indian scholar is less likely to acknowledge and give feedback again conforms to the conventional modes of gate-keeping in which the easiest strategy is to avoid. Had I been aware of such categories, I probably would have approached differently than simply by introducing myself in ways not conducive to the NGO's ideas of researchers. It is probable that in the past some researchers might have had created NGO distrust by

unethical practices that have led NGOs to erect such boundaries around native scholars. The creation of these categories by NGOs then poses renewed challenges for anthropologists.

## **Conclusion**

One of my intentions in providing ethnography of working with and through NGOs is to highlight the fact that the basic principles of organisational settings stand in contrast to the tenets of academic research. For example, the flow of information is rarely viewed as a 'public good' within the organisational set up as opposed to the academic norms. It is indeed the case that most NGOs, particularly those which stand in a nexus of information control, evaluation process, and international funding, have highly evolved mechanisms for filtering and regulating flows of information in order to take control and exert power over others (see Mosse 2001). Accessing information, however, is not entirely impossible. With some novelty in research processes coupled with patience and identification of key informants proper, it is possible to access information. A clear awareness, and thereby recognition, of the different boundaries of NGOs and academia can greatly help and facilitate researchers by reducing the tension and conflict inherent in interacting with NGOs. With the phenomenal increase in the number and practices of NGOs, the challenge for researchers in the field lies in understanding their own boundaries as well as the boundaries constituted by the NGOs as well as understanding what is happening within and through NGOs.

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## WCWC Poster Presented at an International Conference

# FEMALE INFANTICIDE AND FOETICIDE IN SOUTH INDIA AN ANALYSIS OF CIVIL SOCIETY APPROACH vs STATE FAILURE

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## ABSTRACT

LIMITING FAMILY SIZE IN THE CONTEXT OF STRONG SON PREFERENCE, PATRIARCHY AND THE AVAILABILITY OF SEX DETERMINATION TECHNOLOGIES HAVE LED TO THE SPREAD OF FEMALE INFANTICIDE AND FOETICIDE IN AREAS AND COMMUNITIES, HITHERTO UNKNOWN FOR SUCH PRACTICES. IN THIS CONTEXT, TAMIL NADU GOVERNMENT'S INTERVENTION AND ITS CONSEQUENT FAILURE IN CURBING THIS PRACTICE, HAS BEEN MET WITH SKEPTICISM. ON THE OTHER HAND, CIVIL SOCIETY'S INTERVENTION HAS BEEN QUITE APPLAUDED. WE PRESENT HERE THE FINDINGS AND ANALYSIS OF ONE SUCH INTERVENTION BY WELFARE CENTRE FOR WOMEN AND CHILDREN (WCWC), AN NGO WORKING IN THE WESTERN AREAS OF SALEM DISTRICT OF TAMIL NADU, IN CURBING FEMALE INFANTICIDE BY AWAKENING CIVIL SOCIETY THROUGH ITS UNIQUE METHOD OF PEOPLE'S PARTICIPATION.

## STATEMENT OF THE PROBLEM

SON PREFERENCE  
PATRIARCHY  
LIMITED FAMILY SIZE → FEMALE INFANTICIDE AND FOETICIDE  
SEX DETERMINATION TECHNOLOGIES (SDT)  
CONSUMERIST CULTURE  
GLOBALISATION

## METHODOLOGY

WE HAVE USED WCWC DATA FOR THE ANALYSIS OF CIVIL SOCIETY APPROACH TO FEMALE INFANTICIDE PREVENTION  
A COMMUNITY OWNED PROCESS

IDENTIFICATION OF HIGH RISK ANTE NATAL CARE (ANC) MOTHERS  
SHO'S AT WORK  
ANC MOTHERS FOLLOWED BY CLOSE MONITORING AND COUNSELLING WITH REGARD TO EQUAL IMPARTANCE OF BABY/BOYS.  
RESCUING FEMALE BABIES AND REINTEGRATING THEM WITH THEIR FAMILIES THROUGH EQUALISING AND BURDENING BY INVOLVING VILLAGE SELF-HELP GROUPS.  
FORMATION OF MONITORING COMMITTEES

INVOLVING PEOPLE BY FORMING MONITORING COMMITTEES AT VILLAGE LEVEL AND BLOCK LEVEL FOR PREVENTION OF FEMALE INFANTICIDE INCIDENCES.

## CAMPAIGN AND CADRE BUILDING

PROMOTION OF THE CAUSE WORKING FROM ABOVE

ORGANISING CONFERENCES, WORKSHOPS, STREET RALLIES, PROCESSIONS AND CELEBRATION OF VARIOUS DAYS LIKE WOMEN'S DAY TO PROMOTE THE CAUSE.

RESPONSIBILITY SHARING  
IDENTIFYING DIFFERENT CADRES/INTEREST GROUPS IN ORDER TO MAKE THEIR WORK AND ACCOUNT RESPONSIBILITY TOWARDS THE CAUSE THEY IN TURN SUSTAIN THE MOTIVATION LEVEL OF COMMUNITY BASED ORGANIZATIONS (CBO'S).

## FINDINGS

1. HIGH RISK MOTHER'S PERCENTAGE REDUCING OVER A PERIOD OF TIME (3 YEARS)



AS A RESULT OF WHOLE INTERVENTION THE NO. OF HIGH RISK ANC HAS GONE DOWN

2. 33 FEMALE CHILDREN RESCUED AND REINTEGRATED WITH THE FAMILY BY PEOPLE'S MONITORING SYSTEM DURING 2002-2005 IN KOLATHUR BLOCK AND 24 FEMALE CHILDREN IN A D J A CENT GEOGRAPHICAL AREAS (4 BLOCKS) DURING 2004-2005

S.NO	NAME OF THE BLOCK	NO. OF RESCUED GIRL CHILDREN	TOTAL
1	KOLATHUR	33	33
2	AD J A CENT	24	24
3	NANDAYALLU	15	15
4	PENNAKALAM	10	10
5	ANDALUR	10	10
	TOTAL	92	92

TOTAL NO. OF GIRL CHILDREN RESCUED THROUGH CIVIL SOCIETY APPROACH

3. 51% OF HIGH RISK ANC MOTHERS HAVE BEEN COUNSELLED THROUGH TEAM MEMBERS COUNSELLING APPROACH AND PER GROUP PRESSURE AND MONITORING AND DEVELOP OF POSITIVE ATTITUDE TO ENSURE RIGHT TO LIVES OF GIRL CHILDREN AND EQUAL OPPORTUNITY OVER THE PERIOD OF 3 YEARS (2002-2004)

4. NUMBER OF SANODHA MEMBERS PARTICIPATION HAS SIGNIFICANTLY INCREASED IN THE PROCESS OF CIVIL SOCIETY APPROACH DURING THE INTERVENTION PERIOD



5. INCIDENCE OF FEMALE INFANTICIDE CASES GONE DOWN OVER A PERIOD OF TIME



## INTRODUCTION

## TAMIL NADU



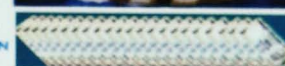
## IMMEDIATE RESPONSE BY THE STATE

CRADLE BABY SCHEME



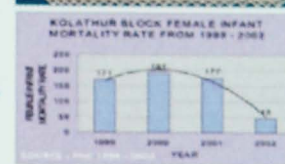
IS IT NOT AN EXTENSION AND PROMOTION OF FEMALE INFANTICIDE?

GIRL CHILD PROTECTION SCHEME



DOES A DIAGNOSIS OF FEMALE INFANTICIDE IN POVERTY AND FINANCIAL INCENTIVES HELPS?

FEMALE INFANT MORTALITY RATE



DOES DECLINING INFANT MORTALITY RATE DATA SUGGESTS CONTROL AND PREVENTION OF FEMALE INFANTICIDE?

## AWARENESS AND SENSITISATION



ORGANISING CULTURAL PROGRAMS, DEBATES, STREET PLAYS AND GROUP DISCUSSIONS AT VILLAGE LEVEL, WITH THE HELP OF ADJACENT SHEL, WOMEN TEACHERS, YOUNGS AND VILLAGE SHO'S.

## BUILDING LEADERSHIP



CAPACITY BUILDING FOR PROMOTING LEADERSHIP AMONG THE MASSES.

## NETWORKING AND ALLIANCE BUILDING



NETWORKING WITH LIKE MINDED VOLUNTARY ORGANIZATIONS, GOVERNMENT OFFICIALS, SCHOOL AND COLLEGE AND RESEARCHERS IN ORDER TO LEARN AND IMPROVE UPON THE STRATEGIES OF PREVENTION

## LIMITATION OF CIVIL SOCIETY APPROACH

- 1. STRONG ATTITUDE OF SON PREFERENCE
- 2. NEGATIVE ROLE OF FORTUNE TELLERS
- 3. GEOGRAPHICAL ISOLATION

## CONCLUSION

IN THIS CASE, PEOPLE OWNED PROCESS HAS YIELDED A FAVOURABLE AND POSITIVE SOCIAL ENVIRONMENT IN WHICH FEMALE INFANTICIDE HAS EMERGED FROM A MORE COVERT ACT TO AN OPEN PUBLIC ISSUE AND THERE BY RENDERING SOCIAL ACCOUNTABILITY ON FEMALE INFANTICIDE MEANINGFUL AND WORKABLE.

AS AGAINST GOVERNMENT AND OTHERS SHORT TERM INTERVENTION, ON FEMALE INFANTICIDE, WHICH IS GENERALLY SHORT LIVED AND TEMPORARY IN NATURE, A CIVIL SOCIETY APPROACH IS LONG SUSTAINABLE AND AIMS AT TOTAL TRANSFORMATION OF THE SOCIETY. IN THIS CASE STUDY CIVIL SOCIETY APPROACH HAS BEEN FOUND TO BE QUITE SUCCESSFUL IN WORKING OVER THE ISSUE OF FEMALE INFANTICIDE.

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FORD FOUNDATION INTERNATIONAL RESEARCH PROGRAM  
VARIOUS GOVT. DEPARTMENTS (WCWC)  
WCWC



## Annexure – VII

A Placard by WCWC Showing Futuristic Male to Female Ratio  
being Displayed on the Women's Day Celebration, March 15,  
2005



Source: Photograph taken on March 15, 2005

## **Annexure – VIII**

### **Background of WCWC**

Welfare Centre for Women and Children (WCWC) was founded in the year 1986 by Mr. Aruldoss and Mr. Elappan Jesudas with a great zeal to help the needy poor community in the areas of Thirupathur Block at Vellore District in Tamil Nadu. It is been registered under Societies Registration Act -1975 and FCRA. Since its inception, it has been engaged in rural development for the uplift of women and children. WCWC is currently located at a rented campus in Masilapalayalam of Mettur Taluk of Salem District in Tamil Nadu State, India. This is about 200 Kms south of Bangalore and about 400 Kms south of Chennai.

Action for Development of Unreached (ASURE) a development organization founded by a couple namely Mr & Mrs Sampath in the year 1994. ASURE started working in Kolathur Block of Salem district from the year 1996. They both have several years of experience and expertise in development work. And during the year 1999 due to FCRA purpose ASURE merged with WCWC were three board members of WCWC relinquished their membership to facilitate an equal representation to ASURE members. But the staffs of ASURE were retained with WCWC. WCWC got rejuvenated after the taking over by Mr. Sampath the PD of former ASURE. Here by WCWC work for the following vision, mission and objectives with the listed values:

WCWC's **Vision** is “to develop a society without poverty and social inequities, wherein everyone enjoys their rights”.

**Mission of WCWC** is to sensitize and build the marginalized community to achieve their fundamental rights and basic needs through their collective action.

WCWC follow the following **Values** which enable for its achievement of mission and to reach its vision.



- **Concern for the poor**
- **Commitment and**
- **Excellence in work**

#### **WCWC & AAI Partnership:**

WCWC entered into long term partnership with AAI, during January 2000. In the beginning the project engaged in organizing groups and focused on service delivery. From the year 2001 the project had a major transition from service delivery approach to Rights based approach (RBA approach) in its intervention methodology. Later on the project extended its geographical area of coverage to 36 villages of 5 panchayat of Kolathur block. The year 2002 the project identified two major typical issues i.e., female infanticide, foeticide and torture victims. In the year 2003 the project extended its operational area to the 14 panchayat (102 villages) of Kolathur block to work on the prevention aspect of female infanticide and foeticide through civil society approach. In the year 2004 the project had strong thought on working for Dalits covering the whole block. On the issue side, the project stepped into the adjoining blocks – Mecheri and Nangavalli, (Salem District) Ammapet (Erode District) and Pennagaram (Dharmapuri District) to upscale its intervention considering the dire need to work on the issue of Adverse child sex ratio. In the issue of torture victims, the project extended its intervention to two states Tamilnadu and Karnataka. In the year 2005, the project continues to work on the same issues identified earlier through community participation and involvement by building a women's movement.

#### ***Partnering Community:***

The focused social groups are women and children. The partnering group comprises of scheduled Caste (Parayar, Arunthathiar). Scheduled Tribes (Malayalee) and families from the economically backward group of the other castes like Kurumbar, Vanniar, Nadars, Gounders and Chettiyars. The coverage of SC and ST target villages is total, whereas, the coverage of the other castes is based on economic criteria in total Kolathur block

#### **Status of women and girls - Gender discrimination and injustice**

The gender injustice is seen prevailing in various areas, according to the 2001 census, in Kolathur Block women constitute about 48% of the total population. The major gender discrimination and injustices witnessed in the areas of:

- Adverse child sex ratio - Practice of feticide
- Early marriage (13 – 16yrs),
- Family planning –forced on women
- Violence against women – at household and community level
- Wages and employment and their control over income
- Decision making
- Property/assets

### **Adverse child sex ratio in Salem District**

Salem District is one among the 10 worst adverse child sex ratio in the country with - 839/1000 live births (0-6years) [census 2001]. Also at the Taluk level data shows 726/1000 in Mettur. Limiting family size in the context of strong preference for son, patriarchy and the availability of sex determination technologies have led to the spread of female infanticide and feticide (through sex selective abortions, predictions from fortune tellers and traditional quacks) in areas and communities, hitherto unknown for such practices. During the last three years of intervention to arrest the issue, WCWC had taken efforts to bring down the incidence of female infanticide; the tentative government figure established in Kolathur block the IMR has from 110 in 2000 has decreased to 48 [2004].

But still with the technological support, through scanning, the incidence of female feticide is increasing coupled with the role of fortune tellers and quacks. The legal instruments to curb the role scanning centers are still to be addressed. In spite of pressuring the district administration to curb this practice, but it has been met with scepticism. On the other hand, the state has applauded civil society's intervention for bringing justice to the birth and survival of the girl child. Still the dangers of "cradle baby scheme" is seen to a large extent as it is encouraging the woman to give birth to the girl child but at a point of time the husband decided to give the girl child to the "cradle baby" centres.

### **Early marriage**

Early marriage issue is one of the major issues in Kolathur block. On an average 57% of girls in the age group of 13-16 years get married. This has significantly increases in the interior Panchayat villages. Religious and cultural practices hold very strong for this early marriage. The institution of patriarchy operates in the name of culture for justifying child marriages of young girls. The elderly men in the family never give opportunities and choices to women and girls and the decisions are controlled by them and thus lowering the status of women and girls. Also some of the major reasons for early marriage are dowry and consanguineous marriages. Whatever the justification that may be offered for child marriage, it violates the rights of girls and its leads to denial of reproductive rights.

### **Family planning**

The women are unable to challenge their husbands with respective to their reproductive rights, whether to have or how many children to have or even to articulate about their health and with respective to gynaecological issues they confront with. The men force women to have children and as well decide the family planning operations [98%] and the men have an attitude that if they undergo family planning operations they would not be able to do heavy work. While the women undergoing the same had to still carry out the domestic chores and also work outside to meet the family income.

### **Violence against women**

Violence against women is seen at work place and at domestic level. During the agricultural operations women on caste-Hindu lands, where the caste-Hindu individuals take advantage of these situations and exploit and abuse the women in many ways like physical, sexual and social-calling caste names.

With respect to domestic violence, women beating, abuse and harassment are the forms of violence against women, 27 such cases occurred and were registered with police by the women Sangha. The other form of harassment for the women is that their husband who seasonally migrate to other places do not return back if they

happen to settle with some other woman in the work place and it is creating problem for the women and children.

### **Low wages and employment – unequal and no minimum wages**

The wage employment for women is very low in the agricultural work, the women are paid Rs.30 –40 while the men are paid Rs.50-60/ per day. The wages continue to be unequal even if the women does not agricultural work within and outside the operational area or even outside the district, while some of the men get incomes between Rs.120-150 depending on the type of activities they take up, for e.g. Masonry work – men are paid between Rs.150-250, while the women are paid Rs.60-70.

### **Decision making at home and at community level**

With respect to the income earned through their hard work, the women cannot decide about the expenditure they had to make or save. The women are allowed to make small purchase whereas rebuilding the house or creating assets in the family are decided by men. The marriages of the girl are decided by men. The women are not respected and recognized. All these factors make women powerless and they don't have any decision-making (only 25-30% women have the power to make decisions) power within the household or at the community level.

At the Panchayat meeting, the women views are not solicited and recognized and the men continue to take their decisions in spite of the women members putting forward their views, this undemocratic process visualized at the local institutional level, however only up to 20% women consulted are by the Panchayat members, otherwise the decisions are unilaterally taken by men.

### **Property/assets**

Women do not have any assets/property in their name and they are not allowed to buy properties with their income in their own name. But at the same time women have created small assets like, savings, livestock, whereas men have the ownership and control over land, house and common property resource.

# GLOSSARY

<i>Akka</i>	:	Elder sister
<i>Akka-Ponn</i>	:	Elder sister's daughter
<i>Amma</i>	:	Mother
<i>Antha kalaithale</i>	:	In that age
<i>Anurai</i>	:	Condom
<i>Appa</i>	:	Father
<i>Asakti</i>	:	Powerless
<i>Athigam</i>	:	More/A lot
<i>Chakali</i>	:	A sub-caste of Scheduled Caste/Dalit
<i>Coolie</i>	:	Agricultural labourer
<i>Dhavani</i>	:	A set of clothes for unmarried women, which consists of long skirt, blouse and a long scarf to cover the upper half of the body, also called half-sari
<i>Dhobi</i>	:	Washer-man
<i>Ellu</i>	:	Gingili/Sesame seed
<i>Erukkam-chadi</i>	:	A plant sticks (Calatropis)
<i>Jathi</i>	:	Caste/community
<i>Jathagam</i>	:	Horoscope
<i>Jathagakarar</i>	:	Astrologer
<i>Kalacharam</i>	:	Customs, traditions or culture
<i>Kalaipayanam</i>	:	Itinerant street theatre
<i>Kan-drishti</i>	:	casting an evil eyes/evil gaze/jealousy
<i>Kandippa</i>	:	of course
<i>Karuppu-seeragam</i>	:	Black syrup
<i>Karuthamma</i>	:	A hugely acclaimed Tamil motion picture made on female infanticide in 1993
<i>Karthigai</i>	:	8 <sup>th</sup> month of Tamil Calendar
<i>Kelvaragu/Raagi</i>	:	Millet/Finger Millet
<i>Kodumai</i>	:	an act of harassment

<i>Kolli</i>	:	funeral rites
<i>Kummi-pattu</i>	:	folk-songs
<i>Kurippu</i>	:	Menstruation-horoscope
<i>Kuzhi-pappa</i>	:	A baby born to go for grave / a euphemism for female infanticide
<i>Mahalir Tittam</i>	:	refers to Tamil Nadu Corporation for Women's Development
<i>Mathirai</i>	:	Tablet/drug/pill
<i>Nagai</i>	:	Gold jewellery
<i>Nallenne</i>	:	Sesame oil
<i>Naattu vaithayam</i>	:	Indigenous Medicine
<i>Pacha Mannu</i>	:	New Earth (Green Soil)
<i>Panchayat</i>	:	A large revenue village consisting of many small villages/hamlets
<i>Pano</i>	:	Money
<i>Panokkarar</i>	:	A rich, resourceful and influential person
<i>Pankali</i>	:	Brother-in-law (a patri-lineal kin)
<i>Pariyam</i>	:	Cash money for bride/ Bride price
<i>Pasam</i>	:	Love for everyone (love and affection)
<i>Pavam</i>	:	Sin
<i>Penn-sisukolai</i>	:	Female Infanticide
<i>Periya-Appa</i>	:	Father's elder brother /mother's elder sister's husband
<i>Peru-poruttam</i>	:	Matching of names for wedding alliances
<i>Poo</i>	:	Flower
<i>Pulla</i>	:	A colloquial term for girl-child
<i>Puratchi Thalaivi</i>	:	Revolutionary leader
<i>Romba kashtam</i>	:	Very difficult
<i>Sakti</i>	:	Power
<i>Sambar</i>	:	A lentil soup cooked with vegetables
<i>Kalavai satham</i>	:	Variety Rice (vegetarian)
<i>Sangha</i>	:	SHG, also refers to Youth group

<i>Santhosham</i>	:	Happy and contented
<i>Seer</i>	:	Ritual gift or prestation
<i>Sevvai Dosham</i>	:	Astrological dangers
<i>Sontham</i>	:	Kins
<i>Sontham kalyanam</i>	:	Marriage with a kin
<i>Sudu</i>	:	Burn
<i>Swami/kadavul</i>	:	God
<i>Tai-pal</i>	:	Breastfeeding
<i>Tai-pasam</i>	:	Maternal affection
<i>Taluk</i>	:	A sub-district
<i>Tatti/kudisai</i>	:	A screened hut or a cabin usually made of braided coconut leaves
<i>Tai Mama</i>	:	Maternal Uncle (mother's younger brother)
<i>Tappu</i>	:	Wrongful act or an act by mistake
<i>Vanakkam</i>	:	Tamil way of greeting
<i>Varu-dakshina</i>	:	Dowry
<i>Vaishyakku varuthal</i>	:	Coming of age
<i>Vaishayakku vandache</i>	:	Attainment of puberty
<i>Valaikappu</i>	:	A ceremony performed for the pregnant woman
<i>Vasathi</i>	:	Resource/facility
<i>Varisu</i>	:	Successor/Inheritor
<i>Vellalas or Gounders</i>	:	Land owning castes
<i>Vellinad</i>	:	Foreign land/Outside Land
<i>Vendam</i>	:	Unwanted
<i>Yerukkampal</i>	:	Poisonous milk (milk of Calatropis)
<i>Yengalakku</i>	:	To us

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